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## ADDRESS.

### *PROFESSIONAL CHARACTER.**

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LADIES AND GENTLEMEN: There are a few pleasures in life which have no alloy. It is my good fortune now to enjoy one such, in the exercise of the privilege so kindly afforded me, by which I speak to the friends of this institution, to the students whose faces are familiar from earlier associations, and to those who, for the first time, are with us in that capacity, the official words of welcome for the course now opening.

For the continuous and generous support, both moral and material, which has been so kindly accorded us, we feel to our friends and patrons under deep and lasting obligations. All educational institutions are in a sense philanthropic, and, without a favorable public sentiment toward them, doomed to languish and perish. You may, then, well know that we cherish your good-will; that your presence on occasions like these, which solicit public attention, is both complimentary and gratifying; that your donations, your patronage, and your active help and valiant effort, which has achieved our thorough establishment, are regarded as absolute essentials to our existence.

But while we speak with confidence in our security, we feel our perpetuity to be at your mercy. While we point with pride to the history of our first decade, with your friendship we hope to imprint the record of success in still bolder characters upon the history of our second.

The specific object of this school is medical education. At first glance it might seem as if benevolence might laudably seek a broader application. But let me remind you that the birth and career of the college is indissolubly connected with the modern march of progress. In every sphere of culture there has been, during the latter part of the nineteenth century, a demand for higher attainments. Science, in her wonderful progress, has impelled a revision of modes and methods by which art may be inculcated. Out of the presence of this spirit, and in the course of this revolution, the college has come. Whatever, then, of fostering attention and generous kindness you bestow on us is not wielded for a narrow purpose. The elevation of the race, the ennoblement of humanity,—these are sentiments that enter everywhere into our origin, our work, our purpose, and our destiny.

I know that the old student is feeling fully the stimulus of this occasion. I am convinced that, but for the nice exercise of inhibition, his impulses would set in action voice and limbs in boisterous demonstration of his lively emotions. To the rightly-constituted man, there is no state of mind so satisfactory as that in which he contemplates the pursuit of definite and specific plans. Such plans we know you have. For such work we know you are now summoning your energies. You hail with gladness the advent of another campaign, into which you can throw your ardor and zeal. You are delighted at renewing your associations with those whose thoughts and precepts have been matured in the practice of the profession which you have chosen as your own.

* Opening Address to the Course of 1892-93, at the Medico-Chirurgical College, Philadelphia.

You know that your object is worthy, and in the anticipation of its early achievement your pleasure is supreme. Youth and vigor, prowess and power, all silently await the opportunity to enter into the engagement. Victory is within sight, and you stand ready to advance to its consummation.

To the freshmen, three years may seem a long time. It may seem to be a plenty of time. It may possibly seem as if the first year might be play-time. But we are willing to trust them to the exemplars which we have created in the juniors and seniors.

Ladies and gentlemen, I am not unmindful of the fact that I am this evening speaking as the representative of the Faculty of this school. The members of that body, too, are here, and constitute an essential factor in the work that is before us. Though our province in the organization is clearly distinctive, yet I take it, gentlemen of the Faculty, that you all, like myself, can have applied to you no appellation which you regard more just, or of which you feel more proud, than that which I have just applied to some of our friends beyond the arena,—that of student. In a recent address, Sir James Paget maintained that, even though a diploma conferred a legal right to practice, it conferred, in itself, no moral right. What it should be regarded as declaring was, a fitness to practice on the day it was conferred. Whether such fitness was preserved would depend entirely on the possessor of the diploma himself. So rapidly did medical knowledge advance, that no man was fit to practice, twenty years after he had gained his qualification, unless he had been constantly a student. If this is true of the practitioner (and I claim that it is eminently so), how much more forcibly still does it apply to us who teach!

Ladies and gentlemen: while I do not desire to disparage my application as a student while in attendance at college, yet I sincerely declare, and with the confidence that my colleagues here will sustain me out of their own experience, that, of the nineteen years that have elapsed since my diploma was hung on my office-wall, I would not give the study of any single year for that of any one of the three years which immediately preceded its acquisition. Let us, then, enter on our course feeling that the arena rail does not here divide the student from the non-student, but, rather, that it serves as the line of demarcation between those who have given practical evidence of a high conception of what constitutes fitness to practice, and those who yet remain to prove, on account of lack of time and opportunity, their fealty to this exalted ideal of the noblest avocation of man.

In coming now to speak more closely to my proper theme, — Professional Character, — I would not have you expect that I shall outline any specific form as being the only one which can adapt itself, or be adapted to, a successful career in medicine. Nor shall I claim that the pursuit of this profession develops traits which are absolutely distinctive, and which are not found in, or may not adorn, other callings. Measured by the accepted standard, there must be, in every individual, certain qualifications of mind and heart. There is, moreover, nothing inconsistent with the possession of the noblest attributes in the humblest honorable calling.

The profession of medicine, when known as it can only be to those who have, for an extended time, been engaged in its pursuit; when its highest and best purposes, and its most exalted mission are fully recognized, must be admitted to stand in the foremost rank in its demand upon human power. Whatever may be their mental capacity, the frail in body find, from experience, that they have much to handicap them. Mere physical endurance is frequently put to a full test. To solve the intricate problems which meet the practitioner at every turn, the highest degree of intellectual vigor and the largest measure of mental endowment are constantly taxed to the utmost. To enter into the sacred confidences of the endless diversity of patients, the finest sentiments and the purest feelings are ever required.

A certain degree of specialty may naturally be expected to attach itself to the exercise and expression of what are general qualities in a sphere where their application is particular. The manner becomes distinctive and the medium through which it is observed peculiar. Thus, the qualifying term, as applied to those who are regarded as types and models in their profession, obtains warrant. The development of the mental faculties, in the course of a liberal education, brings into decided and striking prominence the higher attributes of man's nature.

The butcher in the shambles, the vivisec-

tionist in the laboratory, and the laparotomist in the clinical amphitheatre may all be engaged in the same operation. In viewing these several operations, even the veriest skeptic would have in each case peculiar thoughts and emotions. There would be no question as to the difference in motive and purpose which guided the hand in the probably equally skillful movements. Professional characteristics would stamp the several operations.

The term "character" is etymologically a strong one. The idea of cutting into durable material figures and forms that are expressive of something, that may have a specific meaning; of delineating, as with the chisel skillfully driven through the hard marble, what has been recognized to stand for this or that sentiment or quality, is embodied in it.

It is that which, in one thing, makes itself appreciable to another. It has what the chemist would call affinity, whereby it reveals qualities only in acting upon, or in being acted on by, that which is put in a certain relation to it. It is that which the physiologist would call an irritable or impressionable substance, which, when exposed to the action of a stimulus, responds and, in such response, evidences the nature of the stimulus. I am much tempted to follow this latter simile, seeing that human character emanates from a complex nervous mechanism; but such a course would lead me too far from the object of this address.

Returning again to the etymology of the word, just as the painter's brush or the sculptor's chisel may leave its intended representations indistinct or doubtful, so may the workings of the mind leave the impress of weakness or obscurity on the individuality. The literal "making sharp" may not fully obtain in the ridges and furrows, in the lines and engravures. It were probably better to speak of absence, of negativity, than of weakness, of indistinctness, or of obscurity. *Strong* character only is *character*. Weak character, at best, is an approach to what we are generally ready to term no character, or to relegate to the region of the characterless. However desirable it might seem to determine the combination of qualities that constitute strength of character, it is safe to assume that none of our propensities, none of our emotions, none of our faculties are intended to be altogether suppressed. While we must admit that predominance of certain traits constitutes a vicious and bad type, yet it is equally true that right direction and proper culture of these very qualifications are two of the chief elements of strength and force. There is in mind, as in body, a symmetry and proportion, which are much more desirable than phenomenal development in one direction, with insignificant size or absence in others. The harmonious existence and the trained expression extending through the whole, wide range of mental and moral qualifications are to be aimed at in cultivation and training. Thus constituted, there will be a degree of power commensurate with the greatest range of work and the widest sphere of activity. It is next to impossible to conceive of any accomplishment not attainable by such a combination, provided only that it lies within the scope of human possibilities.

While speaking in these strong terms of the power of personality in the work of the professional man, I may be thought to undervalue scientific attainments. I do not wish to be so understood. This school and, I am glad to say, many, probably most other American medical institutions, at this day, accept only a high standard of scientific education from those to whom they grant the diploma. I would be understood as making this a prime requisite. But the physician, to succed, while he must be a scientist and an artist, must also be more. The Hon. Thomas F. Bayard has recently used these words in addressing a medical commencement in Baltimore: "I never knew a really great physician who was not greater as a man,—I mean whose greatness did not rest upon his personal and moral basis, which elevated and strengthened his professional life, infused itself into the community in which he lived, and was, in fact, the underlying and pervading cause of his influence and consequent success in his profession. It has been my personal fortune to know such a man. It has been my privilege and delight to accompany him in visits, where his only medicines were the personal presence and conversation of the man himself. He had shared and had lessened their anxieties; counseled the wayward; had led the sick back to health; cheered the weak-hearted; had rejoiced with them that did rejoice and wept with them that wept. And I have seen such a man so surrounded by an atmosphere of love and trust, holding, as it were, the heart-strings of a fam-

ily in his hands,—their guide, philosopher, and friend,—and then I realized what a moral force in society the profession, properly comprehended and properly followed, was capable of exerting, and how relatively small a part of its usefulness was the administration of medicine." Mr. Bayard's idea of "the profession, properly comprehended and properly followed," embraces the possession and exercise of strong personal character.

Gentlemen: do you propose to give this matter some consideration, as under-graduates? I have no doubt that my learned colleague, who, you will see by the calendar, is to address you at commencement time, will again revert to this subject. It may seem as if it should have been entirely deferred till then. But true character cannot be purchased at a bidding. It cannot be thrown on and off, as a cloak. It has its roots in ancestry, in birth, in parental discipline, in early teachers, in social connections, and, for you, largely in professional education. You should work on this now; and, if you will indulge me for a few more moments, I wish to speak briefly of what you may, if you wish, shape into practical rules.

Whatever else may be the strong or weak points in your character, you can by no means afford to be either cruel or idle. Whatever else you may decide on as accomplishments worthy of cultivation, you must train yourselves to industry and kindness.

We shrink naturally from the cruel man, no matter how cold and heartless the business in hand. We recoil instinctively from such, however formal and matter-of-fact may be the duty which brings about the association. But in many of the transactions of life, a little nerve, a little self-assertion, a little endurance will see us through, even when dealing with the stony-hearted and inhuman. Health is aglow, feeling is repressed, the operation is purely commercial, and the base ends will tolerate the sordid means. But when the deepest springs of human sympathy are touched in the feelings of wife, mother, child,—as they are when the first marks of debility have, in their stealthy invasion, revealed themselves to the eye of affection, or when the overwhelming shock of acute disease has dethroned the powers of manhood or blotted out the playfulness of childhood,—then, if never before, there is yearning after sympathy and kindness. Then the door can only open to those who have in their natures help and tenderness. Dexterity and skill in the exercise of professional knowledge, however desirable, will not satisfy when these graces of noble and exalted character do not clothe them. A masterly mind, a well-trained hand, and a tender heart are a great, and, indeed, desirable, combination; but if any of these three must needs be eliminated, I warrant there be but few would choose the last, however highly they may value either of the former.

Kindness is a virtue which, when it exists in an eminent degree, must engage every faculty in constant activity in the line of utility and good. In its very nature, then, it embodies industry. The kind man cannot be idle. Idleness is cruelty, because it implies neglect. If these three words—cruelty, neglect, and idleness—can form anywhere a combination in which they become at once despicable and terrifying, it is when they attach themselves as descriptive attributes to the character of the family physician.

I have already quoted from one of the most eminent of American lawyers. I can find nothing more fitting to the close of my address than to avail myself of the fine expression of sentiment of another,—Chief-Justice Horton, of the Supreme Court of Kansas. In doing so I feel convinced that, while the power of putting into such beautiful, appropriate, and expressive language their thoughts and feelings may lie within the capabilities of but a few, the tender susceptibilities which it reveals are well-nigh universal. Judge Horton says:—

"I recall with affectionate remembrance our family physician, upon whom, from my earliest childhood, I looked with youthful reverence and unquestioning faith. Before me to-day I see his kindly face and listen to his pleasant voice. He was a very hero, in my eyes; of commanding figure and magnificent physique. There could be no finer, better, braver man. He was the wise counsellor, the skilled restorer, the sympathetic friend. The silver had crept into his hair, and careful thought and much exposure had lined his brow, but there was ever about him a brightness and cheeriness which seemed a part of his presence, only that it lingered after he had gone. I recollect that one of our neighbors went raving crazy, and, with a gleaming razor, menaced a crowd which gathered around him.

But the doctor alone rushed dauntlessly forward, overpowered and unhanded him, exhibiting a physical courage and prowess sufficient to win the heart of any boy. Yet, it was not this instance of fearlessness in time of danger which, in my maturer judgment, went furthest to prove his resolution and heroism. It was the tried and constant disregard of self through the long years of a varied practice. No call was disregarded; no contagion appalled, no storm or tempest ever dismayed him. The humble and poor received his attention in equal measure with the wealthy and influential. All of his life he went about doing good, ministering to the afflicted. His heart was in his work. His zeal, energy, patience, skill, and industry combined in modeling the man fit for the highest ideal of life.

"'A combination and a form indeed,
Where every god did seem to set his seal
To give the world assurance of a man.'"

Gentlemen: let me hope that, in appealing thus to sentiments which needed not instilling, but which I have presumed might bear arousing, I have not shot wide of the mark. I trust I may have aided your conception of a high ideal. I shall expect you to be vigorous and zealous in the training of your mental faculties and in the acquisition of manual dexterity. But I shall look, also, for careful culture of the emotions, and shall be much disappointed if I find you at any time either cruel or idle. Be

"Nature's own nobleman, friendly and frank;
A man with his heart in his hand."

1624 DIAMOND STREET.

# ORIGINAL COMMUNICATIONS.

## *SCARLATINA WITH PROLONGED HYPERPYREXIA.**

BY DR. CH. TALAMON,
PARIS, FRANCE.

WE are not familiar in France with the malignant form of scarlet fever observed not infrequently in England. If, with us, it sometimes assumes a grave type, the gravity is generally due to secondary complications in the throat, kidneys, or serous membranes. In itself, and primarily, the scarlatinal virus seems to be less dangerous in France than upon the other side of the Channel. Is this difference due to a concentration or attenuation of the virus itself, or is it due to a distinction of race? If it be true that the Japanese are absolutely insusceptible to the action of the microbe of scarlet fever, so that an American physician has proposed and practiced inoculation with the blood of a Japanese as a preventive of scarlatina, it might be that, on the other hand, the Anglo-Saxon race offers a field peculiarly favorable to the development of the same microbe.

Whatever may be the truth in regard to these points, the fact remains that essential malignant scarlatina, *sine materia*, is of exceptional occurrence in Paris. And, among the serious forms which the disease may assume from the beginning, our text-books scarcely make mention of the nervous form, with the rapid development of hyperpyrexia, with an almost explosive course, having so great an analogy to cerebral rheumatism with hyperpyrexia.

Bouveret, of Lyons, has recently published, in the Revue de Médecine, the histories of three cases in which high fever supervened about the ninth or tenth day, after the eruption had disappeared and the fever had begun to abate. The temperature rose rapidly to 41° C. (105.8° F.) or more, and violent, nervous manifestations, such as headache, extreme restlessness, delirium, somnolence, and a tendency to coma followed the increased febrile action.† These, which Bouveret denominates cases of ataxic hyperpyrexia of the eruptive period, should not, merely on account of their severity, be confounded with those described by Thomas and Gumprecht, under the name of the secondary fever of scarlatina (Nachfieber). In the cases observed by the German writers the fever persisted beyond the ordinary term for eight, twelve, or fifteen days, but without hyperpyrexia, strictly so called, and without grave symptoms, terminating in a more or less rapid defervescence. There was no complication to explain the persistence of the fever, which, according to Gumprecht, depends upon a streptococcous infection derived from the tonsils.‡

The following case, which I have lately seen with Drs. Lecorché, Hallopeau, and Rigal, cannot be placed in any of the aforementioned classes. It differs from the two last by the early

* Translated for the MEDICAL BULLETIN from La Médecine Moderne, September 15, 1892.

† Bouveret: "Sur l'hyperthermie secondaire de la scarlatine sans complications locales." Revue de Médecine, 1892, p. 286.

‡ Gumprecht: "Nachfieber beim Scharlach." Deutsche Med. Wochenschrift, July, 1888.

exacerbation of the fever, beginning in the first days of the malady, and which continued without the slightest sign of remission to the time of the disappearance of the efflorescence. It is unlike the first in the duration of the hyperpyrexia, which yielded only upon the eighteenth day, under the influence of cold baths.

The history of the case is as follows: Madame X., 28 years of age, suffered, three years ago, from very abundant pulmonary hæmorrhages, with moist crepitation at the left apex, extreme emaciation, hectic fever, etc. She was treated by means of injections of creasote in oil and a sojourn of a year in the South, and might be regarded as completely cured. For the last two years she had suffered from neither pulmonary nor bronchial trouble, and all that could be detected by auscultation was a slight roughness of expiration in the affected apex.

On the 31st of last May she complained of a rather severe sore throat with headache and general malaise. On the following day a scarlatinal eruption appeared, which was complete on the 2d of June. The fever was high, and reached 40 8° C. (105.4° F.) in the evening. There was a large quantity of albumen in the urine. Restlessness and insomnia were present. This condition persisted, with a temperature above 40° C. (104° F.) until June 5th.

On the 6th of June, the sixth day of the disease, the eruption had faded on most parts of the body, although it was still very perceptible upon the neck and back. The throat was somewhat red, but there was no swelling of the tonsils or exudation. The patient complained only of difficulty in breathing, on account of the mucus present. The tongue was bright red and absolutely dry. The lips were also parched. The face was very pale, the eyes sunken and surrounded by dark circles. The patient felt a slight pain upon flexion of the wrists, but those joints were not swollen. The temperature in the evening stood at 40.6 degrees. In the morning it remained at 40 2 degrees, notwithstanding the administration of 15 grains of sulphate of quinine *per diem*. In the evening there was restlessness and delirium. The patient talked and tossed without cessation. She wished to rise, and could with great difficulty be kept in bed. The evening temperature was 41.2 degrees. The delirium and restlessness continued through the night.

*June 7th.* In the morning she was found calm. She replied clearly to questions, but her aspect was unmistakably typhoid, her look vacant and dull, the tongue and lips parched, the face drawn and ashen. The pulse was very frequent and small, though regular,—130 to the minute. The thermometer registered in the morning 40.8 degrees. Nothing was revealed by auscultation of the heart and lungs. There was no more complaint of the wrists. The urine was dark-colored and albuminous, but the quantity of albumen did not exceed 30 centigrammes to the litre (about 2½ grains to the pint). She was ordered 50 drops of tincture of digitalis and 30 grains of antipyrin by the rectum. In the evening the pulse was 140 and the temperature 40.8 degrees. Cold-vinegar lotions were directed to be applied every second hour.

*June 8th.* She was restless and delirious all night. The applications of the lotion quieted her for a short time. The lips and tongue were sooty. The pulse was small and frequent. The cardiac action was almost like that of the fœtal heart. The first sound, however, was sufficiently distinct. The beats were 130 to the minute, and the morning temperature 40.2 degrees. Fifteen grains of caffeine and 3 grains of digitalis were prescribed in infusion. Cold affusions every second hour were directed, the water to be of 68 degrees. The patient felt better after each affusion, and therefore welcomed them; but the effect was only temporary. The temperature descended no more than a degree, and regained its starting point by the end of an hour. Evening temperature, 40 8 degrees.

*June 9th.* The restlessness and nocturnal delirium continued, although the affusions were given every second hour during the night. In the morning the pulse was a little slower and stronger,—120; temperature, 40 degrees. The urine was abundant and clear, 50 ounces being passed during the twenty-four hours; but it still contained albumen. The infusion of digitalis and the affusions were continued. Evening temperature, 40 6 degrees.

*June 10th.* The night was as bad as those which had preceded, but in the morning the patient was more quiet and less prostrated. She complained only of extreme weakness, but had no headache. She said that her head only felt empty. The tongue looked as if it had been baked. There was a good deal of

mucus in the throat, but no swelling or exudation upon the tonsils. There was neither diarrhœa nor vomiting. The abdomen was not swollen. The heart-beats were weak, but the pulse was stronger and slower,—112; temperature, 39 6 degrees. The digitalis was discontinued; the cold affusions ordered every third hour. Egg-bouillon, black coffee, and grog were directed to be given. Evening temperature, 40.6 degrees.

*June 11th.* There was not so much restlessness during the night, but the insomnia continued. The patient's countenance was not quite so dull in the morning. The tongue remained in about the same condition. The urine was abundant. She had passed about 3½ pints in the twenty-four hours. The exanthem had entirely disappeared since the 9th. Slight desquamation was beginning upon the neck. The pulse was 104 and the temperature 38.8 degrees. In the evening the mercury did not rise above 39 6 degrees. The patient took well everything that was given her,—soup, egg-consommé, Bourdeaux wine, etc. Improvement seemed decided. Nevertheless, the affusions, which continued to be well borne, were kept up night and day.

*June 12th.* There was the same insomnia, with quiet, muttering delirium, during the night. The pulse in the morning was 98, the temperature 39 2 degrees. Notwithstanding the abatement of the fever, the aspect was that of a typhoid fever patient on the fifteenth day. She lay in the dorsal decubitus, with dull eyes, parched mouth, dusty nostrils, of an ashen color, features drawn, the hands tremulous; but the mind was clear, and she replied intelligently to questions. Evening temperature, 39.8 degrees. Six affusions had been given during the twenty four hours.

*June 13th.* The same condition and appearance. Temperature, 39 6 degrees. The urine was abundant, nearly 4½ pints having been passed in the twenty-four hours. It contained no albumen. She continued to take her nourishment well. Evening temperature, 39 8 degrees.

*June 14th.* Still an almost absolute insomnia, with quiet delirium. Pulse, 96; temperature, 38 8 degrees; 5¼ pints of urine. Still the same typhoid appearance,—the tongue dry and pointed, the countenance earthy and sunken, the gaze blank, and hands tremulous. A slight ulceration was found over the sacrum. During the last two days but three affusions had been given during the day and the same number during the night. Evening temperature, 39.2 degrees.

*June 15th.* The patient, who was quiet when seen last evening, was attacked during the night by an extreme restlessness, tossing about and incessantly moving her arms and legs. There was talkative delirium, and the skin was hot, in spite of three cold affusions. In the morning the temperature had re-ascended to 40.2 degrees, the pulse to 110. At the base of the left lung were detected large subcrepitant râles with a slightly metallic timbre. The beats of the heart were precipitate, but regular. At the base of the heart there was a soft blowing murmur. In the fear that this new elevation of temperature might be due to a beginning pulmonary complication, the cold affusions were discontinued. Dry cups were applied, and antipyrin, with 1 gramme of caffeine, given by the rectum. Evening temperature, 40.2 degrees.

*June 16th.* Insomnia, delirium, and restlessness continued during the night. In the morning, the typhoid prostration was as great as before the affusions were used. The lips and tongue were sooty. Tremor and subsultus tendinum were present. The countenance was fixed. The mucous râles at the left base had not increased. The right side was free. The pulse was small and quick,—120; temperature, 40.4 degrees. There was no diarrhœa or abdominal distension. The bowels were regular. The urine remained clear and abundant. Three grains of digitalis in infusion were prescribed, and 15 grains of quinine ordered to be given in the evening. Evening temperature, 40.6 degrees.

*June 17th.* The patient was not quiet for an instant during the night. In the morning the debility was extreme. The features were drawn, the eyes sunken and without expression. The skin was hot and dry, the pulse wretchedly weak,—124. The beats of the heart were feeble and abrupt, and there was a murmur at the base. There were only subcrepitant râles at the base of the left lung. Temperature, 40.4 degrees. The situation was as grave as possible. After a consultation, in which Dr. Rigal joined, it was decided to give, every third hour, a bath lasting fifteen minutes.

The patient was placed in a bath having a temperature of 25° C. (77° F.), which

was rapidly lowered to 18° C. (64° F.). Pitchers of cold water were emptied upon the back of the neck, and, at the same time, the limbs, the breast, and the back were rubbed. At the end of a quarter of an hour she was taken out of the bath and enveloped in a blanket, and from this she was returned to bed at the end of twenty minutes.

The first two baths caused some collapse; the temperature fell to 36.4° C. (97.5° F.). The patient rapidly became heated, however, and at the end of three hours the thermometer registered 40 degrees. The other baths were well borne, and gave rise to no distress or shivering. The evening temperature before the fourth bath was 40 degrees.

*June 18th.* The patient had now had six baths,—the last at 4 A.M. The face was less drawn, and denoted less suffering. The temperature before the seventh bath was only 39.2 degrees; the pulse 96, and regular. The action of the heart was stronger. The blowing murmur at its base was scarcely perceptible. The mucous râles at the base of the left lung seemed less abundant. The patient had passed about six pints of urine. In the evening, before the eleventh bath, the temperature was 39.6 degrees, and the pulse 100.

*June 19th.* The patient has supported the baths admirably, has taken each day a bottle of old Bourdeaux, soup, broth, and black coffee. Her face in the morning was more tranquil, less earthy in color, and the eyes were less glassy. The teeth were less encrusted with sordes; the tongue was a little moister; the agitation, subsultus, and delirium had disappeared, although the insomnia still persisted. The mucous râles at the base continued, but were not increased. About six pints of urine had been passed. The pulse was 96, and the evening temperature 39 degrees. She had six cold baths during the day. Before the sixteenth bath, in the evening, the pulse was 98 and the temperature 39 degrees.

*June 20th.* The patient slept a little in the latter part of the night. She declared herself better in the morning. Her face had decidedly changed. The features were no longer drawn, the eyes were brighter, and the tongue moist. Fewer râles were to be heard at the left base. The heart beat regularly, and the murmur had disappeared. The pulse was 96, the temperature in the evening 38.8 degrees, and the quantity of urine was the same as on the preceding day. In the evening, before the bath, the temperature was only 39 degrees.

*June 21st.* This day the patient only had five baths. She slept two hours during the night. Evening temperature, 38.6 degrees. The urine was still abundant, about four pints in quantity, and free from albumen. Evening temperature, 38 5 degrees.

*June 22d.* The amelioration continued. The patient was smiling and cheerful. There were no more râles at the left base. She had but four baths during this day, the last being at midnight. The morning temperature was 39 degrees. It was directed that she should have a bath in the morning, a second in the afternoon, and a third at midnight. The evening temperature before the bath, at 6 o'clock, was 39 degrees.

*June 23d.* Morning temperature, 38.8 degrees. The patient was very quiet, her face tranquil and normal in expression, and the tongue moist. It was ordered that she should not have a bath unless the temperature rose above 39° C. (102° F.). In the evening it attained 39.6 degrees, and she was given her last bath.

*June 24th.* She passed a quiet night. Morning temperature, 38.6 degrees; in the evening, 38.8 degrees. The quantity of urine passed had fallen to three and a half pints.

*June 25th.* Temperature in the morning, 38.4 degrees; in the evening, 38.4 degrees.

*June 26th.* Morning temperature, 37.5 degrees; evening temperature, 37.8° C. (100° F.). From this date it became and remained normal. Desquamation was abundant on every part of the body, and was still going on July 10th. The patient went out for the first time on July 12th, and started for the country.

Scarlatina assumed in this patient the most formidable appearance. From the earliest days the temperature was maintained above 40 degrees, and from the sixth day, a time when, under ordinary circumstances, it should begin to fall, it reached 41 degrees, and was accompanied by agitation, violent delirium, and a threatening adynamic condition. All this occurred without any kind of local complication, for the angina was of the mildest form, and at no time was there pronounced swelling of the tonsils or the least exudation in the throat. The slight pain of the wrists, perceived upon the morning of the sixth day, and which did not long continue, could not be ascribed to

scarlatinal rheumatism, and in any case was not sufficient to explain the extreme degree of the fever nor the persistence of the hyperpyrexia.

The temperature, having reached 41 degrees on the sixth day, remained between 40 degrees and 41 degrees until the eleventh day, without the least local lesion being present during all that period. It then began to decline under the influence of repeated cold affusions, descending during four days to between 39 degrees and 40 degrees.

Quite abruptly, on the fifteenth day, it remounted above 40 degrees, accompanied anew with delirium, jactitation, subsultus tendinum, an extremely small pulse, and a complete typhoid prostration. At this time signs of congestion were discovered at the base of the left lung, and, in addition to the weakness and rapidity of the heart's action, a distinct blowing murmur.

Was this second elevation of temperature dependent upon the pulmonary congestion? It might be thought so, the more especially as the patient had, three years previously, suffered from a tuberculous involvement of the left lung. Nevertheless, the disproportion between the gravity of the general phenomena and the restricted zone of the pulmonary congestion prevented us from believing in such a dependence, and the result demonstrated that we were correct in our opinion, since the treatment addressed to the hyperpyrexia caused a rapid disappearance of the pulmonary symptoms.

Should more importance be attached to the cardiac murmur? One of the consultants suggested the idea of a scarlatinal pericarditis. But here also the antipyretic treatment proved that there was no inflammatory lesion, but that the murmur was due to cardiac asthenia, and disappeared when the heart regained its contractile energy.

On the seventeenth day of the disease the extremely high temperature persisted, without dependence upon any local complication, and the morning temperature reached 40.4 degrees. It was only at this time that the reluctance of the family yielded, and that a course of cold baths was instituted. The effect was immediate. On the third day the temperature fell to 39 degrees, and then, during seven days, gradually declined to 38 degrees. On the twenty-sixth day of the malady it reached normal, above which it did not again ascend.

It will be seen that this case resembles neither the primitive hyperpyretic forms of the stage of invasion or eruption, which kill in a rapid or explosive manner within a few hours or a few days, nor the secondary hyperpyrexia of Bouveret, which supervenes only at the decline of the malady, about the ninth or eleventh day. The high fever began in the eruptive stage, but continued for eighteen days, accompanied by a progressive adynæmia of a typhoid character.

From this point of view our case approximates rather to those described by Laschner, Jaccoud, and Henoch, under the name of "typhoid form." It differs from the latter, however, in the first place, by its duration, the ordinary typhoid form generally proving fatal before the period of desquamation. In the second place, it differs by the absence of diarrhœa, vomiting, and of any appreciable local lesion or complication. Finally, it is peculiar in the capital fact that the prolonged and persistent hyperpyrexia alone dominates the entire morbid evolution and alone constitutes its danger.

The smallness and feebleness of the pulse, the tachycardia and fœtal rhythm no more point to the presence of a myocarditis than the delirium, agitation, and stupor denote a cerebral lesion. These manifestations are direct nervous consequences of the hyperpyrexia.

This is, practically, the essential point to be brought into prominence, and that which should guide the physician in the treatment of this grave form of scarlet fever. The treatment should be exclusively that of hyperpyrexia,—namely, cold water.

But the mode of application of the cold water should be specified. Cold water may be used in the form of simple lotions, of affusions according to the method of Currie and Trousseau, or of baths systematically given as recommended by Brand. By the force of circumstances and the reluctance and opposition of the family, we were obliged to make use of these several forms. The consideration of our case allows us to estimate exactly the comparative value of these procedures.

Simple cold lotions produced but a temporary improvement, the effect of which lasted but a few minutes and was without influence upon the thermometric curve. The power of the affusions was more decided. They caused

a reduction of the temperature by one degree and held it for four days between 39 and 40 degrees, whereas formerly it had stood between 40 and 41 degrees. They were not, however, able to arrest the upward tendency. Their useful effect appears to have vanished rather rapidly, and upon the fifth day the temperature again mounted above 40 degrees. Cold baths, systematically given every third hour, were the only means which succeeded in definitively overcoming the hyperpyrexia. The decrease was progressive and continued. On the first day the temperature fell, between morning and evening, from 40.4 to 40 degrees; the next day it was below 39 5 degrees. On the third day it reached 39 degrees, and on the fourth sank below 39 degrees. In five days it declined from 40.4 to 38.4 degrees, and at the same time the ataxic symptoms, which threatened to carry the patient off, grew more mild and finally vanished.

Notwithstanding the former existence of tuberculosis and the passive congestion at the base of the left lung and the tendency of the disease to implicate the kidneys, no actual complication of either organ occurred. The congestion of the lung was rapidly relieved by the cold baths, and the return of the functional activity of the kidneys was manifested by a decided polyuria, exceeding 5 pints a day.

It may be said that the cold baths literally resuscitated this patient, and we are convinced that, had they been employed from the beginning, we should have obtained, in the early days of the disease, the result which was delayed until the twentieth day.

The conclusions which may be drawn from this case are the following:—

1. There exists a form of scarlatina which may be called "scarlatina with prolonged hyperpyrexia," characterized by early manifestation and long duration of the high temperature.

2. The intensity and persistence of the fever are in relation with no appreciable local lesion or complication.

3. The hyperpyrexia is the essential element and the sole danger of this form.

4. Cold lotions and affusion act merely as insufficient palliatives of the high fever. The only efficacious treatment consists in the systematic employment of cold baths, given according to the method of Brand, every third hour, until the temperature has been reduced to less than 39 degrees.

## *BLINDNESS FOLLOWING LOSS OF BLOOD.**

By PROFESSOR DR. J. HIRSCHBERG,
BERLIN.

BLINDNESS or disturbance of vision after copious hæmorrhage is mentioned in the Hippocratic writings † In the von Graefe Clinic we are familiar with the blanching at the point of entrance of the optic nerve left behind after this blindness. A recent case, however, had not been observed. (Leber, "Diseases of the Optic Nerves and Retina," 1877, pp. 901–906.)‡ In the year 1877, I had an opportunity of making an ophthalmoscopic examination of a recent case. There was seen a whitish opacity of the optic nerves and retina, somewhat similar to the picture of arterial obstruction § In the year 1881, I published the result of the microscopical study of the case.‖ The connective tissue of the optic nerves was found contracted, — completely upon the right side, incompletely upon the left. The process was an ascending one. The sheaths of the nerves were free.

In 1888, Ziegler found¶ in a woman, three days after hæmorrhage from the stomach, disturbance of vision, soon followed by blindness, together with the same ophthalmoscopic picture. As the patient died twenty-three days later from an internal hæmorrhage, he was able to demonstrate fatty degeneration of the optic nerves, extending thence into the retina, and resembled that occasioned by embolism of the central artery.

In 1889, Rählmann declared** that the anatomical origin of sudden blindness after hæmorrhage is unknown.

The continued communication of clinical cases which teach nothing new, as A. von Graefe insisted, has no interest. On account of the speedy retrocession of the retinal alterations, which may completely vanish within a fortnight, so that only a pallor at the point of

* Translated for the MEDICAL BULLETIN from Centralblatt für praktische Augenheilkunde for September, 1892.

† Περι νούσων τὸ δεύτερον. Μέλαινα νοῦσος· μέλαν ἐμέει . . . Και τὴν κεφαλὴν ἀλγέει, και τοισι ὀφθαλμοῖσι ὀυχ' ὁρᾶ. Littré's Edition, vii, p. 111.

‡ In the Hand-book of Wecker-Landolt (iii, 691, 1887) the affection is not yet satisfactorily elucidated. Schmidt-Rimpler gives a better account in his fifth edition, but it is to be noted that Horstmann wrote after Hirschberg.

§ Bericht des Heidelberger Congresses, 1877.

‖ Archiv für klin. Medicin, von Frerichs und Leydon, 1881.

¶ Beitr z path. Anat., ii; vgl. Centralbl. f. A., 1888, S. 128.

** Fortschr. d. Medicin, Dec. Heft.

entrance of the optic nerves can be discerned, we can only exceptionally observe a characteristic picture at the end of the third or fourth week after hæmorrhage.

Such an exceptional case is here briefly reported:—

A. V., a man aged 45 years, came under my care November 19, 1891. Three weeks previously (October 27th), after repeated attacks of vomiting, he suffered from an abundant hæmorrhage from the stomach, fell to the ground, and lay unconscious for ten minutes. About eight days afterward he noticed that he could not see with his left eye.

On October 31st, Dr. J. Mühsam found evidence of a considerable loss of blood, great restlessness, and delirium in the evening. The last continued for several days. Then the man began to complain of his eyes. On November 9th there was complete amaurosis of the left eye.

I found the patient still quite weak, the pulse small,—96. The urine was normal. In the right eye vision was good and the field unaffected. The optic nerve was red and the artery injected. A bluish, cloudy focus (1) about 2 millimetres ($\frac{1}{14}$ inch) broad and 1 millimetre high, was situated 1½ millimetres from the lower edge of the optic nerve; two smaller foci (2 and 3) were likewise located near to the optic nerve; two quite small spots were seen between 1 and 2. Between these foci the retina appeared healthy. There had been no hæmorrhages.

The left eye had no lustre, and there was no direct contraction of the pupil to light. The optic nerve was of a pale-yellow color; the arteries injected, but narrow; certain branches were especially narrow. A slight but perceptible œdema of the retina surrounded the optic nerve. A long and slender line of hæmorrhage extended radially through the retina from the border of the optic nerve. In the upright image this appeared composite, the œdema in streaks; the arterial branches of the fourth rank were very narrow and in some places invisible. Patches of pigment, obviously old, were seen at the periphery.

*Nov 20, 1891.* Right eye S = 15/XV′; with + 1/40″ Sn 1½ in 12″. Field of vision n.

*Nov. 26, 1891.* In the right eye focus 1 is smaller; the arteries are no longer invisible, but can be perceived in the midst of the bluish patch. In the left eye the œdema has decreased.

*Nov. 30, 1891.* The foci in the right eye have diminished to mere granules. The œdema is scarcely distinguishable in the left eye. General condition good.

*Dec. 27th.* Four small foci can still be discerned in the right eye, near the optic nerve. On the 31st, these appeared merely as small, shining spots. The arteries seemed like faint streaks.

On February 4, 1892, he noticed a twinkling in the right eye. S = 15/30′. Field of vision n. In the left eye the evidence of atrophy of the optic nerve remains, but the vicinity of the nerve is cloudy; the arteries narrow, and their walls thickened.

*Jan. 24, 1892.* Vision in the right eye has improved, 15/XV. Field of vision n.

The treatment consisted of the internal administration of ergot and iron.

## ABSTRACTS.

### FRACTURE OF THE SPINAL COLUMN DUE TO MUSCULAR CONTRACTION.

At a meeting of the Academy of Medicine, M. Verneuil, in his own name, and in that of M. Forestier, of Aix, read the following communication: A man, 49 years of age, of previous good health, slipped in February, 1891. He made a violent effort in order to prevent himself from falling, and felt a severe pain in the lumbar region. He remained in bed for three days, and the pain diminished. He then arose, and was so injudicious as to attempt to cut ice. The pain re appeared, but again yielded to rest in bed. Three months later the same symptoms recurred after physical exertion.

In the month of August the patient suffered from a right sided dry pleurisy. A month later he experienced girdle-pains in the lumbar and epigastric regions. In June, 1892, he repaired to Aix. His back was bowed. There was a projection at the level of the ninth dorsal vertebra. Pressure upon this spot caused no pain, but over the intercostal nerves near to the spinal column it caused severe suffering. During extended movements that portion of the column situated between the seventh and eleventh dorsal vertebræ remained immobile.

The spinal column was also motionless during walking.

Either Pott's disease or a fracture of the vertebræ should be suspected. The history of the case, however, negatived the former supposition. There must, therefore, have been a fracture of a vertebra. A plaster jacket was applied and gave relief.

In conclusion, M. Verneuil observed that in such cases the prognosis should be guarded, and cautioned practitioners, in case of doubt, that they should make use of an immovable dressing for a sufficient period.—*La Médecine Moderne.*

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EXTRACT FROM PROFESSOR HARDY'S OPENING ADDRESS AT THE TENTH INTERNATIONAL CONGRESS OF DERMATOLOGY.

I must not overlook the bacteriological researches which have enlarged the class of parasitic affections, among which I may mention lupus, lepra, glanders, certain forms of erythema, impetigo, and ecthyma. In doubtful cases, bacteriology is now of assistance in diagnosis. It is difficult to predict what further knowledge we shall gain from these researches.

Lang has endeavored, without evidence, as I believe, to rank psoriasis among the parasitic diseases. It is very probable that fungoid mycosis and xanthelasma are produced by micro-organisms. A class of psorospermoses, of which Paget's disease is an important variety, has been erected. Darrier, Thibault, Bollinger, Neisser, and Wickham have ascribed this affection to the presence of a parasite, the existence of which has not, however, been confirmed by recent researches. It has been admitted that elephantiasis arabum may be due to the presence of filaria in the lymphatic vessels.

It will, therefore, be seen that dermatology has progressed and stands upon the same level as the other branches of medicine. I believe, however, that our studies would be more fruitful if we possessed a classification and terminology generally adopted.

. . . It is, therefore, highly desirable that we should agree upon a reasonable terminology and classification, and what cannot be accomplished by one man may be done by a gathering such as that which I now have the honor to address. I propose, therefore, as an object of discussion by the next Congress, this question of dermatological classification and terminology.—*La Tribune Médicale.*

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CONTRIBUTION TO THE STUDY OF THE PATHOGENESIS OF ECLAMPSIA. TOXIC PROPERTIES OF THE SERUM OF ECLAMPTICS.

This was the title of a communication by Professor Tarnier and Dr. Chambrelent to the recent Congress of Gynæcology and Obstetrics, held at Brussels. The author says: Puerperal eclampsia is to-day generally looked upon as the result of an auto-intoxication. Recent researches, especially those of Bouchard, in France, have, in fact, demonstrated that in this affection the urine, which is often secreted in very small quantity, is, nevertheless, in great part deprived of its toxic properties.

It is interesting to put this theory to experimental proof, and to examine directly the fluids of eclamptic women in regard to the accumulation of toxic materials. This was the point of departure of a series of experiments undertaken by the authors, during the present year, at the Obstetrical Clinic of the Faculty of Medicine of Paris.

Starting from the fact well established by Rummo, who fixes the proportion of human serum, in the physiological condition, fatal to the rabbit, at 10 cubic centimetres per 1 kilogramme of weight, the authors sought to discover what proportion of serum from an eclamptic woman was necessary to accomplish the same result. The experiments, a score in number, were based upon six carefully-observed cases of puerperal convulsions. In all the experiments the toxicity of the serum was much greater than in the physiological state. From 3 to 6 cubic centimetres to 1 kilogramme were always sufficient to destroy a rabbit.

In some cases the observers were also able to determine, at the same time, the toxicity of the urine of the patients from whom the serum was taken, and they found that the toxicity of the urine and the serum varied in an inverse proportion. The degree of poisonous quality in the serum also appeared the greater in those cases in which the prognosis seemed most grave. These experiments, therefore, while confirming the theory of auto-intoxication in eclampsia, may furnish a means of determining the degree of the auto-intoxication, and also assist in establishing the prognosis, which is sometimes so difficult a matter.—*Le Progrès Médical.*

### A CASE OF LARYNGEAL ICTUS.

Dr. Roquer Casadesus reports the case of a patient who came to him, complaining that he had suffered for some time from chronic bronchitis, with attacks of cough, followed by a momentary loss of consciousness. Upon examination there were found chronic hypertrophic coryza, pharyngeal granulations, and simple chronic laryngitis. Sibilant râles were heard, especially upon the right side. The symptoms mentioned did not occur during the examination.

After a tickling sensation in the larynx, a paroxysm of convulsive cough would come on, accompanied by pallor of the face and a brief syncope. Thinking that the symptoms might be due to a nasal reflex, the writer excited, without result, the different zones of the nasal and pharyngeal mucous membrane. Nor had anæsthesia, by means of cocaine, of the different parts, any influence upon the symptoms. The case was, therefore, recognized as one of laryngeal ictus. The larynx was sprayed with a solution of cocaine, and a bromide was administered. Decided amelioration resulted, but the patient passed from sight. The writer reviews the different theories concerning the nature of this affection, and calls attention to the fact that, in his case, only symptoms of inhibition were manifested, without the slightest convulsion at the crisis. His patient had catarrh of the upper respiratory passages, giving rise to a convulsive cough, and this, in its turn, seemed to determine a spasm of the glottis. This spasm probably caused beginning asphyxia and, consequently, a congestion of the nervous centres,—the origin of the ictus. As soon as cerebral activity was suspended respiration began again and order was resumed. —*Révue de Laryngologie*, etc.

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### MENTAL DISORDERS IN GRAVES'S DISEASE.

At the Annual Congress of Mental Medicine, held at Blois, MM. Raymond and Sérieux, of Paris, presented a communication upon this subject. Their conclusions are as follow:—

The psychical troubles of Graves's disease do not constitute an integral part of that affection. They have no specificity, and may assume any form. They belong, in fact, to the association of distinct psychoses with exophthalmic goitre. The mental phenomena, therefore, are advantageously referred to the morbid conditions by which they are caused. Some depend upon neurasthenia, hysteria, epilepsy, mania, melancholia, alcoholic delirium, etc.

An important group is strictly related to the mental degeneration to which the hereditary psychopathic antecedents of the patients bear witness, to their own prior mental condition, their physical and psychical tendencies and defects, and, finally, the form of their paroxysms of delirium.

The association of Graves's disease with mental degeneration is not a coincidence. It is explained by the hereditary defects to which both orders of facts testify. It is an example of the law of simultaneous co-existence of neuroses and psychoses of parallel and independent evolution.

The psychopathic diathesis may reveal itself by the occurrence of delirium, either in the course of the exophthalmic goitre, before its beginning or after its cure, or, finally, successively in these different stages.

The moral shock which provokes Graves's disease may awaken at the same time the tendencies of the patient to delirium. In certain cases, exophthalmic goitre itself acts upon to a predisposition to mental troubles in the same manner as any other occasional cause. Exophthalmic goitre is a neurosis, constituted by the exaggeration and the permanence of physiological emotional phenomena. It is a psychical anomaly, emotivity, which is at the basis of the malady. This is often no more than a particular case of the functional troubles which, in cases of degeneration, attack such or such a group of the cortical (psychical, psychomotor, sensorial, sensitive), bulbar or spinal centres. There occurs a veritable disturbance of equilibrium of the vasomotor centres, which often coexists with analogous troubles of other centres of the cerebro-spinal axis.—*La Tribune Médicale.*

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### TRUE GENERAL PARALYSIS CONSECUTIVE TO A LEAD ENCEPHALOPATHY.

At the same Congress, M. Vallon reported the case of a plumber, 32 years of age, with no hereditary antecedents, who, in consequence of lead encephalopathy, presented all the signs of the last period of general paralysis. At the end of some months, at the same time as the disappearance of the accidents relating to saturnism,

a complete remission of the general paralysis was also observed. To consider only the first period of the patient's history the case might be looked upon as one of those described under the name saturnine general pseudo-paralysis, in which the symptoms distinctive of intoxication and those simulating general paralysis disappear in company. The history of M. Vallon's case was, however, different, for two months after remission all the paralytic phenomena reappeared, and the affection pursued the usual course of general paralysis, terminating in marasmus and death. At the autopsy the lesions of diffuse meningo-encephalitis were found. "Must we then," asked the speaker, "conclude from this case that saturnine general pseudo-paralysis does not exist as a morbid entity? that it constitutes but a simple phase of evolution of lead poisoning towards true general paralysis? I believe, for my part, that the cases published under the title of pseudo-paralysis would be identical with my own were they observed to the end, and that the term pseudo paralysis should signify merely a provisional diagnosis."—*La Tribune Médicale.*

REFLEX EPILEPSY OF GASTRIC ORIGIN.

M. Proust, of Blois, reported to the Congress the following observations: 1. A man, 52 years of age, free from pathological antecedents, suffered from a first and only attack of epilepsy, manifestly produced by an indigestion. 2. A man, aged 34 years, a cook and an alcoholic subject, had three different attacks of epileptic convulsions, each of which terminated with vomiting. 3. A woman, who suffered from cancer of the pylorus, exhibited general spasms for thirty five minutes after lavage of the stomach with cold water, warm water being habitually used.

In relation to these cases, M. Gilbert-Ballet observed: Epileptiform attacks are far from rare in dilatation of the stomach. Kussmaul was the first to draw attention to this fact. With such cases those described by M. Proust may evidently be compared. Their pathogenesis is doubtless multiple; in addition to a purely reflex influence, auto-infection also plays a part. Nor must we forget that we have sometimes to deal with a true epilepsy, latent until started into action by digestive disturbances. The proof of the last statement is that the manifestations persist after the disappearance of the cause (dilatation of the stomach, indigestion, tænia, etc.) which had produced the first seizure. M. Raymond said: It follows from the researches of Bouveret that patients having dilatation of the stomach elaborate toxic products, tetaniform convulsive agents. This was the case with the third observation of M. Proust. As to the other two, the urine should have been examined before ascribing the convulsive accidents to a gastric origin. The manifestations may be due to uræmia. Finally, as regards the first patient, the question of tardy epilepsy should be discussed. We know that this has the same characters as the epilepsy of adolescence, although we do not understand its etiology. M. Marie, of Evreux, stated that he knew a hysterical and insane person in whom the passage of an œsophageal sound determined spasmodic seizures.—*La Tribune Médicale.*

ARSENICAL TREATMENT OF LYMPHOSARCOMA.

Romberg reports a case of mediastinal lymphosarcoma, in a man 29 years of age, with multiple metastases, chiefly in the lymphatic glands and in the skin. He was in a miserable condition when admitted, with fluid in the left pleural cavity; this was withdrawn and Fowler's solution of arsenic given, in 15-drop doses, slowly increased. The patient died of cachexia six weeks after admission, having taken altogether 510 drops of the solution. Although the other tumors were unaffected, those in the skin entirely disappeared within four weeks. Some of the nodules in the skin were of the size of a walnut.—*Deutsche med. Wochenschr.; Internat. Med. Mag.*

COLD BATHS IN THE PNEUMONIA AND TYPHOID FEVER OF CHILDREN.

At a meeting of the Society of the Hospitals, M. Sevestre said that, for several years, he had often treated children suffering from pneumonia by means of cold baths, and had seen very good results. The temperature falls after each bath, the pulse and respiration become less frequent, the delirium is allayed, and the nights are more peaceful. Defervescence does not take place abruptly, and occurs nearly always before the seventh day.

The baths are given at a temperature of 77 or even 68 degrees, and their duration is from ten to fifteen minutes. They are repeated four or five times a day.

In broncho-pneumonia cold baths may be equally beneficial. M. Sevestre has always obtained, in these cases, an immediate amelioration; but the improvement, unfortunately, was often only temporary.

In the typhoid fever of children cold baths are generally useless. They may be of advantage in grave cases, but are not without danger, and their employment should always be superintended. The heart, in fact, is often affected in the typhoid fever of childhood, and the speaker has frequently observed, after a cold bath, a tendency to syncope, collapse, and especially an enfeeblement of the pulse. These facts have led him to avoid the use of cold baths in this disease occurring in children.

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COMPARATIVE RESULTS OF THE TREATMENT OF EPILEPSY BY THE BROMIDE OF STRONTIUM AND THE BROMIDE OF POTASSIUM.

M. Deny said at the Congress that, from December 1, 1891, to July 1, 1892, he had treated seven epileptics in his service by the bromide of strontium. During this period these seven patients had had two hundred and forty-six paroxysms. During the corresponding period of the years 1890 to 1891, in which they had taken bromide of potassium, they had had three hundred and thirty-one attacks, a diminution of eighty-five seizures while upon the strontium salt. The latter was given in about the same doses as the bromide of potassium. No bromism had been provoked. One of the patients who was most benefited as regards the frequency of attacks was also relieved of the post-paroxysmal crises of maniacal excitement to which he had formerly been subject. The conclusion to which these facts led seemed to be, as first pointed out by M. Féré, that the bromide of strontium is a genuine substitute for the bromide of potassium in the treatment of epilepsy, and that it seems to have more power than the latter in diminishing the number of attacks. M. Vallon stated that, in his service, he had not obtained as favorable results, although he admitted that his patients were demented epileptics.—*La Tribune Médicale.*

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A RARE CASE OF URTICARIA.

After having discussed the pathogeny of urticaria, Dr. Davoli tries to show that the element of liability to inflammation is a secondary one, and that true inflammation would not take place if we could effectually modify the primitive influence of the vasomotor nervous system by a mechanism more or less complicated. He reports the case of an hysterical woman, hereditarily neuropathic, who had several attacks of urticaria of an unusual intensity. The beginning of the eruption was always accompanied by extreme agitation of the whole body, and even by convulsive movements, chattering of the teeth, loss of consciousness, and the sensation of impending death. There was also very marked dyspnœa, due, probably, to pulmonary œdema; temperature, 103.1° F.; and albuminuria following the crisis. The author brings forward the nervous nature of this form of urticaria, which, he says, is demonstrated by the accompanying symptoms, and by the kind of patient who suffered from it. More than that, he lays great stress upon the fact that the administration of valerian, which has the reputation of provoking the appearance of urticaria, produced a very marked improvement in this remarkable case, given in combination with ergotin.—*La Rassegna di scienze mediche.; Internat. Med. Mag.*

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THE TREATMENT OF HÆMOPTYSIS.

Professor Nothnagel writes of the treatment of hæmorrhage from the lungs. He advises that the patient should be kept absolutely quiet, and that he should not even be allowed to speak. The room should be kept at a moderate temperature; he should eat nothing warm, and his food should be of the most readily digestible character. Cold milk should be the diet for two days. If the hæmorrhage is moderately severe the case may be controlled by morphine alone; but if this is not successful other remedies must be tried. The internal administration of a solution of sesquichloride of iron and solutions of tannic acid or alum is neither theoretically nor practically useful. The writer has found that ergotin and acetate of lead may be of great service. The former may be given both internally and subcutaneously, and its action is no doubt dependent upon its power of contracting the unstriped muscular fibres of the blood-vessels. The acetate of lead may be given in doses of from ½ to ¾ grain. Hydrastis Canadensis may prove of use in this condition, but the writer has as yet had no experience with it. Atropine, in subcutaneous injections of $\frac{1}{64}$ grain, has also been employed with advantage. Common salt,

given in teaspoonful doses, can do no harm, and may do good, when no other remedy is at hand. The application of cold externally is of doubtful value, as it is apt to excite coughing, and its constricting power upon the blood-vessels must be very slight indeed. Venesection is not worth consideration.—*Zeitschrift für Therapie; Internat. Med. Mag.*

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DISSEMINATED SCLEROSIS DURING CONVALESCENCE FROM VARIOLA.

Sottas (Gaz. d. Hôp., April 12, 1892) records the case of a youth, aged 18 years, who contracted variola in June of last year. The rash was discrete, but the nervous symptoms were so severe as to lead to the supposition that he was the subject of meningitis. He became semi-comatose and paralyzed generally; his speech was slow and dragging rather than scanning; there was slight nystagmus, without tremor of the head, and atrophy of the muscles of the trunk and limbs, with great diminution of muscular power. In fact, at this time the paralytic symptoms were dominant, but they disappeared little by little, and gave place to contracture. The reflexes became exaggerated, and there was inco-ordination of voluntary movement, with the characteristic tremors. At the end of February, 1892, he presented the typical picture of disseminated sclerosis. The sphincters were normal, and common sensibility, the special senses, and muscular sense were preserved. There were no trophic troubles of the skin. Intelligence was diminished; he was excitable, impatient, and subject to violent fits of rage without much cause. The author looks on the case as a typical example of disseminated sclerosis of infectious origin. —*Brit. Med. Jour.; Med. and Surg. Rep.*

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CACHECTIC APHTHÆ, OR RIGA'S DISEASE.

Pianese (Riforma Medica, 1892, p. 627) describes this disease as follows: It occurs in breast-fed children of healthy parents. It makes its appearance as an ulceration under the tongue, mostly close to the frenum. It is about the size of a flax-seed, and gradually grows to the size of a nickel. It is gray in color, and painless. The border is irregular and not sharply marked, and extends somewhat over the sound tissue. It may cause the death of the child; or after a long time recovery may take place. The children waste in flesh; their skin becomes of an earthy hue. Enlargement of the liver and spleen occur. Fever does not occur. Beginning at the age of three or four months, it frequently lasts until the twentieth month. It is mostly hereditary, and only seldom do the children of such families live (?). Such children may live if nursed at the breast of a healthy woman. A woman of an infected family may cause the disease in a healthy child. The autopsies show slight hydrocephalus (subarachnoid); fatty degeneration of the liver, and of the cortical substance of the kidney. The author has discovered characteristic bacilli in the organs of the child and the milk of the mother.—*Univ. Med. Mag.*

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PARASITIC PROTOZOA FOUND IN CANCEROUS TUMORS.

M. Armand Ruffer and J. Herbert Walker, in the British Medical Journal, publish a preliminary note of their investigations. The demonstration of parasitic bodies in cancer-cells presents few difficulties except great care of preparation. Portions of the fresh carcinomatous tissue are plunged whilst still warm into the usual reagents and hardened. The best results were obtained by the use of absolute alcohol and Flemming's solution. The pieces, not larger than one-eighth of an inch at most, remain in the latter fluid from two to three days, are then washed in running water for twenty-four hours at least, and then placed in absolute alcohol, where they may remain for an indefinite time. When ready to be examined they must be saturated with paraffin according to the Naples method. The parasites have a strong affinity for the aniline dyes, and beautiful results were obtained by staining the specimens hardened in alcohol with Biondi's reagent, and those hardened in Flemming's solution with an aqueous solution of methyl-green, counter-staining the latter with Biondi's reagent, or by using logwood in the first place and afterward a 1-per-cent. solution of rosa-benzale.

The parasite consists of a central nucleus; that is, of a central part which stains deeply, and does not possess a distinct membrane. Around the nucleus the protoplasm is condensed, and from this centre extremely fine delicate rays often extend to the periphery of the organism. These are thought to be concerned in some way with the reproduction of

the parasite. Around the parasite, but distinct from it, there is a distinct double-colored wall, which stains deeply and is probably from the protoplasm of the invaded epithelial cell. The size varies, sometimes the cellular host increasing to several times its original size. One cell may contain several of the parasites. White blood-corpuscles, which have the power of entering the protoplasm of epithelial cells, are said to act destructively upon the parasites, and only enter such cells as contain them. Parasites thus attacked, sometimes by numerous phagocytes, gradually disintegrate.

It often happens in carcinoma that one epithelial cell is inclosed in another. That no mistake has occurred in this particular is easily shown by the use of aniline drugs. Indeed, a parasite has been demonstrated within an inclosed cell.—*Univ. Med. Mag.*

## THERAPEUTIC NOTES.

### THE REMOVAL OF DEPOSITS OF PIGMENT IN THE SKIN.

Goner (Correspondenzbl. f. Schweiz Aertze) states that pigment-hypertrophies can be removed by applying, at bed-time, a thin layer of soft-soap, which is removed in the morning. In the course of a few days the skin peels off, and the deposit of pigment has disappeared. If pain and redness occasion distress, borated or salicylated vaselin may be applied.—*Chicago Med. Recorder.*

### CHRONIC RHEUMATISM.

℞ Calcii chloridi, . . . ℥iij.
Syr. simplicis, . . . ℥iv.
Olei gaultheriæ, . . gtt. iv.

M. Sig.: A tablespoonful thrice daily for adults. One-third dose for children.

Also use externally:—

℞ Calcii chloridi, . . . ℥j.
Aquæ, . . . . ℥xiiss.

M. Ft. lotio.

Sig.: Soak lint in the solution, and wrap it about the joints.—DUCKWORTH, *Annual Univ. Med. Sci.*

### PAINLESS DENTISTRY.

℞ Hydrochloride of cocaine, 15 grains.
Antipyrin, . . . . 45 grains.
Distilled water, . . . 5 drachms.

Mop the gum around the tooth to be extracted for ten or twenty minutes with this solution; and, at the same time, spray the external meatus of the ears. It will be found that the operation is then scarcely felt.—*L'Union Méd.; Prov. Med. Jour.*

### CONSTIPATION.

℞ Aloin, . . . . gr. ⅛.
Ext. bellad., . . . gr. ⅛.
Ext. nux vomica, . . gr. ¼.
Papoid, . . . . gr. iss.

M. Ft. pil. no. j. (Use no water to form mass.) (Keep in air-tight vials.)

Sig.: One pill once or twice a day.—*The Prescription.*

### NEURALGIA.

In obstinate cases the following is said (New Ideas) to be successful:—

℞ Acetanilid, . . . 1 grain.
Quinine, . . . . 1 grain.
Cocaine, . . . . 1/16 grain.

Make a pill. Give one every hour.—*Prov. Med. Jour.*

### THE THERAPEUTIC USE OF SYRUP OF CHLORIDE OF IRON (VED.).

Owing to its destructive action on the enamel of the teeth and liability to disturbance of the stomach, the tincture of iron is objectionable. It may be advantageously replaced by the syrup. In this preparation the excess of acid is neutralized by an alkali, and, while still presenting an acid reaction, it does not attack the teeth nor discolor the tongue. When it reaches the stomach, it meets the free HCl and becomes therapeutically identical with the tincture. The syrup is more assimilable, and neither gives rise to nausea nor digestive trouble. Dose, ℥ss, three times a day.—*Le Médecine Moderne; Times and Reg.*

### UNTOWARD EFFECTS OF PHENOCOLL HYDROCHL.

According to Dr. R. Bum, this drug chiefly affects the heart and gastro-intestinal canal. Dr. Balzer has noticed cyanosis.—*Am. Jour. Med. Sci.; Med. Standard.*

### SYRUP MITCHELLA COMPOUND.

This eclectic preparation for uterine ailments may be made as follows, according to the Western Druggist:—

℞ Fld. ext. Mitchella repens, f℥ij.
Fld. ext. helonias dioica, . f℥iv.
Fld. ext. viburnum opulus, f℥iv.
Fld. ext. caulophyllum, . f℥iv.
Syrup., . . q. s. ad f℥xvj.

THE well-known and extensively-advertised nostrum, "Big G," is said to be an aqueous solution of borax and berberine.—*Doctors' Weekly.*

FORMULA FOR KOLA NUT.

The following is recommended as palatable:

℞ Tinct. kola, . . . f℥j.
Syr. simpl., . . . f℥v.
Essent. vanillæ, . . . gtt. xl.
Aq. destill., . q. s. ad ℥viij.

M. Sig.: It can be given in doses of an ounce or more.—*El Siglo Medico.*

WHOOPING COUGH.

Ballay and Lerefait have been treating whooping-cough by means of creasote, and have obtained favorable results. In thirty cases reported by Lerefait the most severe cases did not last longer than six weeks, while most recovered in one or two weeks. Creasote was especially useful in checking vomiting. The number of paroxysms of cough was reduced from sixteen or eighteen to three or four daily. Lerefait prescribes the remedy in sryup (℞ Creasote, ♏viij to syrup f℥iij), and gives two or three teaspoonfuls daily to children from six weeks to two months of age, and six to eight teaspoonfuls to older children. Ballay administers in water and currant-syrup, with the addition of a little wine.—*Deutsche Med. Wochenschr.*

CHRONIC RHEUMATISM.

℞ Tinct. guaiaci æth., . . ℥j.
Tinct. cannabis Indicæ æth., ℥vj.
Tinct. colchici æth., . . ℥ij.

M. Sig: Twenty-five to thirty drops on sugar, every four hours.—ATLEE.

℞ Linimenti aconiti (B. P.),
Linimenti belladonnæ, āā ℥ij.
Glycerinæ, . . . ad ℥ij.

M. Ft. linimentum.

Sig.: Apply locally over the seat of pain. —FOTHERGILL.

℞ Potassii iodidi, . . . ℥i–ij.
Aquæ cinnamomi, . . ℥vj.

M. Sig.: Tablespoonful, thrice a day.—HARTSHORN.

℞ Liq. potassii arsenitis, . ℥ij.
Potassii iodidi, . . . ℥ij.
Syrupi simplicis, . . ℥ij.

M. Sig.: A teaspoonful, after food.—DA COSTA.

℞ Olei monardæ, . . . f℥ss.
Tincturæ opii, . . . f℥ij.
Tincturæ camphoræ, . . f℥ij.

Fiat linimentum.—W. ATLEE.

INTERNAL HÆMORRHAGE.

Chloride of calcium has been recommended as a styptic in internal hæmorrhage, aneurysma hæmophilia, and in surgical operations in which it is sought to avoid loss of blood as much as possible. A 2½-per-cent. aqueous solution, administered either per os or intravenously, considerably decreases the fluidity of the blood, whilst, as the salt is rapidly eliminated by the kidneys, the normal conditions are soon restored.

ASTHMA.

A writer in the Gazzetta degli Ospitali recommends a mixture of equal parts of lobelia, stramonium, and green tea leaves, rolled into a cigarette, for the relief of asthma. The leaves are well mixed and then soaked for a time in a saturated solution of potassium nitrate. After this they are dried, and then kept for use in a large-mouthed, well-stoppered bottle.

AMENORRHŒA.

℞ Hydrarg. chlorid. corros.,
Sodii arsenit., . . āā gr. ij.
Strychnin. sulph., . . gr. iss.
Potass. carbonat.,
Ferri sulphat., . . āā gr. xl.

M. et ft. pil. no. lx. One pill after each meal.—*El Siglo Medico.*

SYPHILIS.

Dr. José Trigueros praises the following combination in all stages of the disease:—

℞ Potass. iodid., . . . ʒiiss.
Hydr. chlor. corr., . . gr. vss.
Extr. opii, . . . . gr. iij.
Extr. gentian., . . . ʒiiss.

M. et ft. pil. no. lxx.

For the first three days he gives one of these pills each morning, an hour before breakfast. From the fourth day, 1 pill in the morning and 1 in the evening until all are taken. He then advises a second course, giving 2 pills morning and evening, an hour before meals, for the first five days, and after the sixth day 3 pills morning and evening. He has never seen any untoward effects.—*El Siglo Medico.*

STYRONE IN MIDDLE-EAR SUPPURATION.

A 1 to 5 per cent. solution of styrone (which is a compound of styrax and balsam of Peru) in alcohol is recommended in chronic inflammation of the middle ear. Dr. Spalding recommends it as specially useful in perforations of Shrapnell's membrane. He applies it on a small cotton swab after having had the ear thoroughly cleansed by syringing, and, from results obtained, he thinks that it merits a trial.—*Archives of Otology.*

OLEUM RICINI CUM ATROPINA.

℞ Atropinæ, . . . . gr. ij.
Olei ricini, . . . . f℥j.

Triturate the atropine with a little of the castor-oil to a smooth paste, then gradually incorporate the remainder of the castor-oil, and continue the trituration until the atropine is dissolved.

One drop to be applied to the eye every half hour. In burns of the eye, by lime. (Bureau O. D. P.).—DR. W. F. MITTENDORF.

NOTE.—The solution of the alkaloid in the oil may be hastened by a gentle heat. The alkaloid atropine, and not the sulphate or any other salt, must be used for this preparation.—*The Prescription.*

AROMATIC LAXATIVE ESSENCE.

This is officinal in the Strasburg Pharmacopœia. It is an excellent laxative:—

℞ Black hellebore, . . 60 parts.
Jalap, . . . . 60 "
Scammony, . . . 30 "
Canella, . . . . 12 "
Cloves, . . . . 12 "
Calamus, . . . . 12 "
Proof spirits, . . . 750 "

Mix, and macerate the drugs in the spirit for eight days. Strain, express, and filter.

An excellent substitute for the above may be made by dissolving 1 part of resin of jalap in 9 parts of alcohol, and flavoring with a little oil of lemon and oil of bergamot.

HEPATIC COLIC.

Dr. Lemoine uses the following methods in the treatment of hepatic colic. If vomiting is present he has recourse to ethereal solutions or those containing chloroform, as follows:—

℞ Syrup of acacia, . . f℥iv.
Ether, . . . . f℥j.

Or,

℞ Chloroform, . . . ♏xv.
Tincture of myrrh, . . ♏xv.
Mucilage of acacia, . . f℥j.
Syrup, . . . . f℥iiiss.

M. Sig.: A teaspoonful of either of these prescriptions every fifteen minutes.—*Med. and Surg. Rep.*

IPECACUANHA AS AN OXYTOCIC.

Ipecacuanha is recommended as a stimulant of uterine contractions. Two or three doses of ten or fifteen drops of the wine in the course of ten minutes suffice to stimulate a sluggish uterus into energetic activity.—*Med. Age.*

ACUTE ARTICULAR RHEUMATISM.

Dr. A. Hennig recommends the following potion in the treatment of acute articular rheumatism:—

℞ Salipyrine, . . . 6 grms.
Glycerin, . . . . 14 grms.
Raspberry-syrup, . . 30 grms.
Distilled water, . . . 40 grms.

M. Sig.: To be taken in the course of the afternoon, a spoonful every fifteen to twenty minutes.

According to the writer, the action of salipyrine, like that of the salicylates, is especially manifest if one administer it during the afternoon, in frequently repeated doses, with a total dose of from 4 to 6 grammes. Two or three hours after the last dose the temperature falls one or two degrees and the pains become less. The patient passes a good night, and, although the temperature rises the next morning, it does not reach the height that it did before.—*Med. and Surg. Rep.*

TYPHOID FEVER IN INFANCY AND CHILDHOOD.

Professor Charles Warrington Earle, of Chicago, has come to make the following prescription, which is nutritious, helps digestion, and contains a mild intestinal antiseptic:—

℞ Pepsin cordial, . . . ℥j.
Syr. hypophos. co., . . ℥iv.
Ac. sulph. arom., . . ℥j.
Aq. M. P., . q. s ad ℥ij.

M. Sig.: One teaspoonful, well diluted, four times a day.

When there is constipation he substitutes acidi muriatici.—*Archives of Pediatrics.*

CHRONIC ECZEMA.

Dr. Lanara (La Semaine médicale) recommends the following in the treatment of chronic eczema:—

℞ Alcoholic tinct. male fern, . ℥j.
Rectified alcohol, . . ℥iv.
Tincture of myrrh, . . ℥j.
Crude pulverized opium, . ℥j.

Wash once a day with green soap the parts affected with the chronic eczema, removing all the crusts, then apply this preparation. It produces a slight irritation, which soon disappears. The vesicles cease to appear after ten to twenty days of this treatment, while the affection is cured in a varying length of time, according to the time it has lasted. Some-

times the eczema disappears in fifteen days.—*Cincinnati Lancet-Clinic.*

PYOKTANIN.

Pyoktanin is proving to be quite beneficial in the treatment of cancer of the uterus. Before its use, however, a curette should be employed cautiously, and all diseased matter carefully scraped away. Then a solution of pyoktanin, made of the strength of 1 part to 300, should be injected into the tissues and iodoform-gauze applied. Sometimes, if there is much hæmorrhage after using the curette, it is well to pack the wound caused thereby with iodoform-gauze, and then remove it after twenty four to thirty-six hours and apply pyoktanin. It seems to exert some influence in checking the spread of the disease. It retards the progress very much and improves the character of the discharge. The offensive odors are apparently neutralized by it.—*Ex.*

BILIOUS COLIC.

Dr. S. F. Rogers, of Troy, N. Y., in the Medical Brief, recommends:—

℞ Fl. ext. wild yam, . . 1 ounce.
Tict. opii camph., . . 2 drachms.
Bismuth. sub. nit., . . 3 drachms.
Tinct. zingiberis, . . 6 drachms.
Syr. simplicis, . . q. s. 4 ounces.

M. Sig.: One teaspoonful every half hour or hour during the paroxysm.

After which, for a general treatment, he has used with great success:—

℞ Fl. ext. wild yam., . 1 ounce.
Fl. ext. taraxaci, . 1½ ounces.
Tinct. nucis vomicæ, . 2 drachms.
Syr. zingiberis, . ad 4 ounces.

M. Sig.: One teaspoonful, in water, three or four times daily.

If the bowels should be torpid, fluid extract of cascara sagrada, half an ounce, may be added to the above prescription.

THE disagreeable odor of ichthyol may be masked by addition of a small quantity of coumarine.—*Bulletin Gén. de Thér.*

MALARIA.

In obstinate cases Professor Samuel Wolfe prescribes:—

℞ Resorcin, . . . . ℥iij.
Tr. eucalypti, . . . f℥j.
Syr. limonis, . . . f℥ij.
Aquæ, . . . . f℥j.

M. ft. solut. Sig.: Teaspoonful three times daily.

CARDIAC TONIC.

Dr. J. O. Hirschfelder, San Francisco, in a clinical lecture, recommends the following:—

℞ Caffeine, . . . . gr. xxiv.
Benzoate of soda, . . ℥j.
Strychnine, . . . gr ⅛.
Camphorated water, . . ℥vj.

M. Sig.: Tablespoonful three times a day.—*Med. and Surg. Reporter.*

QUININE DENTIFRICE.

℞ Pulv. rad. iridis flor, . . ℥xij.
Pulv. cretæ præcipitat., . ℥xxxvj.
Pulv. oss. sepiæ, . . ℥iij.
Ol. rosæ Virgin., . . ♏lxxx.
Quininæ sulphatis, . . ℥ij.
Pulv. saponis hispan (fresh) ℥ij.
Ol. cinnamomi, . . . ♏lxxv.

All the powders to be finely levigated and mixed in the above order, the oils being intimately mixed before passing the powder through a fine sieve three times.—*Chemist and Druggist.*

EPIDERMIN is the name given to a new basis for ointments, composed of wax, water, glycerin, and an adhesive substance made of gum arabic and wax.

SODIUM SALICYLATE IN SPRAINS.

Without desiring to lay any claim to priority relative to the use of sodium salicylate in sprains, Dr. Labbée relates a few facts pertaining to this subject. In a case of sprain of the tibio-tarsal articulation, he observed, after the administration of 4 grammes (1 drachm) of sodium salicylate in twenty-four hours, that the pain completely disappeared, so that as early as the next morning massage could be resorted to without occasioning the slightest pain, and after four days the patient was cured. Since then, he has prescribed the same treatment in a number of other cases of sprain, and has always obtained, it is claimed, equally satisfactory results as in the above-mentioned case.—*Sem. Méd.; Merck's Bulletin.*

TURPENTINE IN PHOSPHORUS POISONING.

O. Bush has experimented upon dogs, cats, rabbits, and fowls, to ascertain the action of turpentine in cases of poisoning by phosphorus. The phosphorus was given by the mouth or as hypodermic injections, in quantities in excess of fatal doses, and an emulsion of turpentine subsequently administered. As a result it was found that the action of the phosphorus was,

within certain limits, distinctly impeded, and the author therefore recommends the use of turpentine as an antidote in cases of poisoning from this substance. At the same time the use of emetics and of the stomach-pump should not be neglected. It is suggested that the action of the turpentine may be due to the formation of an analogous compound to that obtained by Koehler, and named by him terebintho-phosphoric acid. This, though poisonous, is much less energetic in its action than phosphorus itself.—*Vratch*, 1892, 504; *Pharm. Journ. and Trans.*

PERSISTENT COUGH.

The following is my favorite for persistent cough:—

℞ Syr. pruni Virg., . . . . ℥iss.
Syr. picis, . . . . . ℥j.
Syr. scillæ comp., . . . ℥iss.
Syr. hypophos. comp., . . ℥ij.
Syr. hydriodic acid (Hostelley's), ℥ij.
M. Sig.: Teaspoonful three or four times daily, to be given after meals and highly diluted with water.—A. F. CRANS, M.D., of Oswego, N. Y., in *Med. Summary.*

LEUCORRHŒA.

℞ Iron oxide, brown ("subcarb."),
Powdered columbo,
Powdered cinnamon, . āā 0.10 grm.
Powdered ergot, . . 0.25 grm.
One or two such powders daily.—PAILLARD, in *Med and Surg. Rep.*

*Pills.*

℞ Ergot extract, . . . 1.5 grms.
Iron sulphate,
Potassium carbon., . āā 4 grms.
Glycyrrhiza extract,
Powdered glycyrrhiza, āā q. s.
Divide into 50 pills. Two or three every morning, noon, and evening.—BRAUN, in *Med. and Surg. Rep.*

*Cachets.*

℞ Calcium sulphide, . . 1 grm.
Dispense in 10 cachets. One, mornings and evenings.—*Med. and Surg. Rep.*

For little girls Bouchert recommends frequent lotions of lead-water or decoction of marsh-mallow leaves, and the injection of a 1 to 3000 solution of corrosive sublimate.—MORTIMER, WILSON, in *Med. and Surg. Rep.*

LYSOL IN CHOLERA.

The chief Sanitary Board of Austria recommends a 1-per-cent. solution of lysol as a disinfectant. A 1 per-cent. solution is said to be strong enough to destroy the comma bacillus.

HEMICRANIA.

Schlutius employs the following pastilles (Med. and Surg. Rep.):—

℞ Phenacetin, . . . gr. xlv.
Caffein. et sodæ salcylat., . gr. ii¼.
Quiniæ muriat., . . . ℥ss.
Morphiæ muriat., . . gr. ¾.
Saccharin., . . . gr. $\frac{3}{20}$.
M. Ft. trochisci no. x.
Sig.: One pastille at a dose.—*Med. Rev.*

DECOCTION OF VACCINIUM VITIS-IDÆA IN RHEUMATISM.

In 1887 Dr. Sanine proposed the use of the cowberry-plant, *Vaccinium vitis-idæa*, for rheumatism. Following this, Dr. Herman administered the decoction with good success to three patients, one being an old man who was suffering for three and one-half years with muscular articular rheumatism.

Dr. Smirnoff used a decoction of the whole plant in the proportion of 30 to 60 grammes to 500 cubic centimetres of water. The decoction is dark in color, not clear, has a bitter taste and neutral reaction. Nine patients were treated; with seven a cure was effected, with two no effect whatever was produced. The treatment lasted from three weeks to three months.—*Amer. Journ. Pharm.*

PILLYANINE.

Pillyanine, the alkaloid of the South American *Lycopodium saururus*, has only recently been obtained in the crystalline form, as white, lustrous crystals, melting at 64° to 65° C. It is easily soluble in water, alcohol, and chloroform, less soluble in ether; the salts are deliquescent and unstable. The formula for the alkaloid is very probably $C_{15}H_{24}N_2O$. By distillation in hydrogen a volatile, nicotine-like base is obtained, which is probably identical with oxyamyl nicotine. Its powerful physiological action is exerted upon the nervous system; the hydrochlorate, in doses of 0.1 to 0.2, is capable of killing a dog. The plant itself is used in Brazil as a tænifuge.—ARATA and CAUZONERI; *Amer. Journ. Pharm.*

CATARRHAL JAUNDICE.

Dr. N. S. Davis prescribes with success the following:—

℞ Hydrarg. chlorid. cor., . gr. iv.
Potassii chloridi, . . gr. cxxviij.
Tinct. hyoscyami, . . f℥iij.
Tinct. cinchonæ, . . f℥v.
M. Sig.: Teaspoonful four times daily.
—*Medical Fortnightly.*

ESSENCE OF MUSTARD IN THERAPEUTICS.

H. Bisséné recommends a solution of $\frac{1}{10}$ or $\frac{1}{12}$ of essence of mustard in 90° alcohol as a revulsive or rubefacient in place of mustard plasters. It can be applied by means of absorbent cotton, and ¼ drachm of the solution will produce the desired effect. This method is especially adapted to army practice. — *La Médecine Moderne.*

HYPERTROPHIC CIRRHOSIS OF THE LIVER.

Dr. F. Delafield speaks favorably of the following:—

| | |
|---|---|
| ℞ Sodii sulphocarbolatis, | ʒiv. |
| Acidi carbolici, | gr. iv. |
| Tinct. nucis vomicæ, | ʒij. |
| Glycerini, | ℥ij. |
| Aquæ, | ℥vj. |

M. Ft. sol.

Sig.: One tablespoonful three times a day, before meals.—*Med. Age.*

PIPERAZINE.

As a result of the use of this substance in sixty seven of his own cases and a study of its action in two hundred and twenty cases reported by others, Dr. Biesenthal highly recommends piperazine in acute and chronic gout, renal colic, and hæmorrhages from the urinary passages. Professor Dr. Schweninger states that he has employed piperazine in one hundred and fifty cases, and after thorough investigation considers it "an extr mely valuable addition to our treasury of medicaments." And, further, he states that most of his patients had tried all other remedies in vain, and then 90 to 92 per cent. were treated most successfully with piperazine. He concludes: "For years I have treated many cases of acute and chronic gout, and employed all the various remedies, but with none have I achieved such success as with piperazine."—*Notes on New Remedies.*

PHENACETIN IN INFLUENZA.

Dr. E. Baude has used phenacetin with advantage in influenza during his service in the Military Hospital at Lille. He gives it in daily doses of 15 to 24 grains.

ACTIVE PRINCIPLE OF CASCARA.

M. Leprince has been working on the bark of *Rhamnus purshiana*, with a view to studying the alkaloid described by Dr. R. G. Eccles under the name *rhamnine*, and in the course of his investigations he isolated a new body, which he regards as the active principle of the plant. He proposes to name this substance *cascarine*. It is obtained from the filtrate left on treating an alkaline decoction of the bark with acid and removing the deposited matter. On evaporating this filtrate a further deposit is formed. This is a complex mixture of cascarine and various substances insoluble in alcohol. After treatment with acetone and sulphuric acid a definite principle is isolated which, after purification, occurs in the form of microscopic, prismatic needles, of an orange-yellow color. The tint varies with the degree of hydration. The crystals are inodorous, tasteless, and soluble in potash and other alkaline solutions, to which they impart a dark, reddish-purple coloration. They are insoluble in water, soluble in alcohol and alcohol ether, but less so in chloroform. Dried at 50 degrees over sulphuric acid, they gave, on an analysis, figures according with the formula $C_{12}H_{10}O_5$. — *Compt. Rend.*, cxv, 286; *Pharm. Journal and Transactions.*

TOXICOLOGY OF MALE FERN.

Drs. Katayama and Okamoto give details of a number of cases in which the extract of male fern had been administered to patients who subsequently developed symptoms of poisoning. In nearly half the specified instances serious visual disturbance was manifested, the pupils becoming dilated and failing to react to light, whilst in some the failure of vision that ensued was permanent. As a rule, however, the patients recovered gradually under treatment. —*Sei i Kwai Med. Jour.; Pharm. Journal and Transactions.*

ON THE PRESENCE OF A DIGESTIVE FERMENT IN THE ANAGALLIS ARVENSIS.

Professors G. Daccomo and P. L. Tommasoli found that this plant, made into a paste, would digest raw meat within four to thirty-six hours, at a little above the temperature of the body To isolate the ferment they comminuted the plant in double its weight of distilled water, squeezed out the residue and washed it, obtaining the active principle in an aqueous solution, which was evaporated and treated with ten volumes of absolute alcohol. This was repeated three times, until a white precipitate was obtained. This product, dried at an ordinary temperature with sulphuric ether, gave a white, amorphous, friable mass, having

its peculiar odor. On calculation 11.22 per cent. of ash was obtained. The powder possesses a digestive property equally with the crude plant. It does not have any action upon starch, and apparently loses, after some time, its efficacy in digesting proteids. It is hoped that, with better methods of preparation, it may be made so that it will retain its properties.—*Rassegna de Scienze Mediche*, 1892, No. 4, p. 141.

[The classical work of Wurtz on the *Carica papaya* has stimulated others to search for vegetable digestive ferments. The *Anagallis arvensis*, scarlet pimpernel, is not an unknown remedy, although this is the first time it has been supposed to have any valuable properties. Orfila found that in 3 drachms of the extract was contained sufficient poison to kill a dog, with marks of inflammation of the bowels. It has been used for consumption, dropsy, epilepsy, mania, and, like most other remedies, as a preventive of hydrophobia. Heintzelman obtained a volatile oil from the dried herb, four drops of which caused intense headache and nausea, lasting for twenty-four hours, with pains throughout the body. Evidently, it is by no means an innocent plant].—*Am. Journ. Med. Sciences*

### MILK AS A DRESSING FOR WOUNDS, BURNS, ETC.

Dr. Dale has obtained excellent results in dressing burns with milk. Compresses are soaked with milk and laid on the burn, to be renewed night and morning. An extensive burn on the leg was healed in this manner. Two days reduced it in size from fourteen to seven centimetres; at the end of three days it measured but two centimetres and a half in diameter. Another burn, which had been treated for eight days with olive-oil and the oxide of zinc, healed rapidly under a milk dressing.—*Le Bulletin Méd.*

### THE TREATMENT OF TUBERCULOSIS BY CINNAMIC ACID.

According to Landerer (Revue de Thérapeutique Générale et Thermale), cinnamic acid is the active principle of the balsam of Peru. Bearing in mind that the balsam possesses antitubercular properties, the author was led to employ the acid in the treatment of tuberculous diseases. The preparation used by him was an emulsion composed of the following ingredients:—

| | |
|---|---|
| ℞ Cinnamic acid, | 5 parts. |
| Oil of almonds, | 10 parts. |
| Yelk of egg, | 1 part. |
| Common salt (solution of the strength of 7.10 per cent.), | q. s. ad 100 parts. |

The emulsion was made alkaline by the addition of a 10 per-cent. solution of potassium hydrate. The emulsion was tried, injected intra venously, in 18 cases of pulmonary tuberculosis. Of these, 9 cases recovered; improvement was observed in 6 cases; in 1 no effect was noticed; and the other 2 patients died. In some of the patients the drug produced a temporary headache and sleeplessness, but these symptoms soon passed away. The author recommends the treatment to be persisted in for from six to nine months, and for a long time even after the production of an apparent cure. Forty-five cases of surgical tuberculosis were also treated by the same method, with the result of 31 cures, 7 improvements, 1 failure, 2 deaths, and the other 4 still under treatment. For lupus, the author employs the following alcoholic solution:—

| | |
|---|---|
| ℞ Cinnamic acid, | 1 part. |
| Cocaine hydrochloride, | 1 part. |
| Alcohol (from wine), | 20 parts.—M. |

One to two minims (0.06 to 0.12 cubic centimetre) of this solution is to be injected about each nodule, making, at each *séance*, as many as ten injections.—*Univ. Med. Mag.*

### TUBULOUS SANGUINOSUS IN THE TREATMENT OF SPERMATORRHŒA.

Tubulous sanguinosus (Revue de Thérapeutique Générale et Thermale) has been used in India for a long time as a diuretic, tonic, and aphrodisiac. The plant is similarly found in the south of Europe, in Northern Africa, and in Asia. The alcoholic extract of the pulverized fruit gives a crystalline residue, of which the active principle may be precipitated from its solution by hydrochloric acid or alkaline chloride. The following preparations of the plant may be made from the berry: a decoction, a fluid extract, and a syrup. The dose of the decoction is from 1 to 2 fluidrachms (3 75 to 7 50 cubic centimetres); of the fluid extract, 15 to 30 minims (0 92 to 1 90 cubic centimetres); and of the syrup, 15 to 75 minims (0 92 to 4.62 cubic centimetres). The plant has been largely employed in England, with asserted success. According to Gartnavel, the seminal emissions cease at once

under the use of the drug. The author just cited believes the decoction to be the most efficacious preparation.—*Univ. Med. Mag.*

SUBSTITUE FOR OPIATES.

Dr. Portier recommends the following:—

℞ Hydrochlorate of cocaine, 50.0 cgrms.
Phenacetin, . . . 1.5 grms.
Exalgine, . . . . 50.0 cgrms.
Salicylic acid, . . . 1.0 grm.

Divide into ten powders. Take one powder every two or three hours until the pain ceases. —*La Semaine Médicale.*

PRURITUS.

P. Menier's formula is:—

℞ Pulverized talc, . . . 15.00 grms.
Bichloride of mercury, . 0.50 grm.
Dried extract of valerian, 2.00 grms.

M. Sig.: Apply twice or three times a day.

ATROPINE IN HYPERACIDITY OF THE STOMACH.

Dr. Voinovitch (Bull. de Thérapeut.), based on the experiments of Drs. Netschaeff and Popoff, exhibited sulphate of atropine in a case of stomachal hypersecretion. The dose used was ¾ milligramme, three times a day, by the mouth. After the third day pain had stopped and vomiting had ceased. After the tenth day the gastric juice was examined and found to be almost normal.—*Amer. Journ. Pharmacy.*

LOZENGES FOR ACUTE PHARYNGITIS.

℞ Potass. chloratis, . . gr. xv.
Ol. menth. pip., . . . gtt. ij.
Extr. kramer., . . . gr. xv.
Extr glycyrrhiz., . . ʒiiss.

M. ft. massa in trochisci no. xxx div.

Or,

℞ Extr. eucalypti, . . . gr. xxx.
Sodii biborat., . . . gr. x.
Pulv. piment, . . . gr. vij.
Extr. glycyrrhiz., . . ʒiiss.

M. ft. massa in trochisci no. xxx div.

Or,

℞ Cocain. muriat., . . . gr v.
Extr. kramer., . . . gr. ij.
Sodii bicarb., . . . gr. xv.
Extr. glycyrrhiz., . . ʒiiss.

M. ft. massa in trochisci no. xxx div.

If there is a good deal of thick secretion present, we may use

℞ Ammon. muriat., . . gr. xxx.
Pulv. ipecac, . . . gr. ij.
Pulv. capsici, . . . gr. ss.
Extr. glycyrrhiz., . . ʒiiss.

M. ft. massa in trochisci no. xxx div.

MUCOUS PATCHES IN THE MOUTH.

A certain amount of relief may be afforded by the frequent use of a gargle and mouth-wash, as follows:—

℞ Acidi borici, . . . ʒij.
Glycerini, . . . . ʒij.
Tr. myrrh, . . . . ʒj.
Aq. rosæ, . . q. s. ad ʒviij.—M.

Or,

℞ Sodii biborat., . . . ʒiss.
Sodii bicarb., . . . gr. xxx.
Thymol, . . . . gr. iij.
Glycerini, . . . . ʒj.
Aq. laurocerasi, . q. s. ad ʒiv.—M.

ACUTE LARYNGITIS IN CHILDREN.

℞ Ammon. muriat., . . gr. xvj.
Ext. prun. Virg. fl., . . ʒiss.
Aq. menth. pip., q. s. ad ʒij.

M. Sig.: Teaspoonful every two hours.

Or,

℞ Ammon. carb., . . . gr. xij.
Glycerini,
Aq. cinnamomi, . . āā ʒj.

M. Sig.: Teaspoonful every two hours.

If the cough is distressing and keeps the child awake:—

℞ Acid. hydrocyan. dil., . ɱij.
Codeinæ, . . . . gr. iss.
Ammon. muriat., . . gr. xvj.
Aq. laurocerasi, . q. s. ad ʒij.

M. Sig.: Teaspoonful every two hours as needed.

The above prescriptions are for a child of seven years; the efficient ingredients may be given proportionately for younger children.—From "Diseases of the Nose and Throat," vol. ii, by FRANCKE HUNTINGTON BOSWORTH, M.D.

POST PARTUM UTERINE PAINS.

Rutherford recommends:—

℞ Quin. sulph., . . . gr. xv.
Opii pur., . . . . gr. viiss.
Extr. trifolii, . . . q. s.

Ut ft. pil. no. xv. Sig.: One pill every two or three hours.—*Révue Général de Clinique et de Thérapeutique; Condensed Extracts.*

PULVIS ACIDI BORICI ET IODOFORMI.

℞ Acidi borici, . . . gr. clxxx.
Acidi tannici, . . . gr. x.
Iodoformi, . . . . gr. lx.

M. Sig.: To be applied, once a day, to everted and granulated eyelids. (Bureau O. D. P.).—DR. W. F. MITTENDORF, in *The Prescription.*

DYSMENORRHŒA AND CHRONIC ENDOMETRITIS.

℞ Resinæ guiaci,
Terebinth. Canadensis, āā ʒj.
Oil sassafras, . . . ʒij.
Alcohol, . . . . ʒviij.
Hydrarg. corros. chlor., . gr. ij.

Dissolve the guiacum and Canadensis balsam in one-half of the alcohol, and the corrosive sublimate in the other half. Mix and filter, and then add the oil of sassafras.

Dose, ten to fifteen drops, three times a day; to be given in a capsule or dropped on dry sugar. —T. E. CRAIG, M.D., of Lawrenceburg, Ind., in *The Prescription.*

MALARIA.

After breaking chills with quinine, the following is *par excellence*:—

℞ Iodine, . . . . gr. iv.
Ipecac, . . . . gr. vj.
Quinine, . . . . gr. xxxij.
M. Make 32 pills.
Sig.: One three times a day.

DR. WILL B. CRAWFORD, of Lexington, N. C., in *Medical World.*

ACUTE URETHRITIS.

To allay sexual excitement and produce a direct sedative influence upon the inflamed part:—

℞ Ext. ergot. fl., . . . ♏xv.
Tinct gelsemii, . . . ♏v.
Potass. brom., . . . gr. xx.
Tinct. hyoscyami, . . ♏xxx.
Syr. aurantii, . q. s. ad ʒss.
M. Sig.: At bed-time.

Or,

℞ Chloral. hydrat., . . gr. v.
Tinct. aconit. rad., . . ♏iij.
Sodii brom., . . . gr. xv.
Aq. camphor., . q. s. ad ʒss.
M. Sig.: At bed-time.

In the later stages of gonorrhœa in which there is a tendency to chronicity, benefit is sometimes obtained from—

℞ Terebinth. alb., . . . gr. ij.
Resin. podophyll., . . gr. $\frac{1}{6}$.
Camphor. monobrom, . gr. ij.
M. ft. pil.
Sig.: One four times a day.

As injections:—

℞ Atropin. sulph., . . . gr. ij.
Bismuth. subnitr., . . ʒiv.
Mucil. acaciæ,
Aq. dest., . . . āā ʒij.
M. Sig.: Shake well, and inject three times daily.

℞ Morph. sulph., . . . gr. viij.
Cocain., . . . . gr. iv.
Mucil. acaciæ, . . . ʒj.
Aq. dest., . . q. s. ad ʒij.
M. Sig.: Inject three times daily.

℞ Zinci sulpho-carbolat., . gr. xvj.
Glycerini, . . . . ʒj.
Aq rosæ, . . . . ʒiij.
M. Sig.: Inject.

℞ Zinci iodid., . . . gr. viij.
Acid. carbol., . . . gr. iv.
Aq. dest., . . . . ʒiv.
M. Sig.: Inject.

℞ Hydrastin. mur., . . gr. x.
Ext. hamamelidis, . . ʒij.
Glycerini, . . . . ʒj.
Aq dest., . . q. s. ad ʒiv.
M. Sig.: Inject.

In obstinate chronic cases of gonorrhœa the following is a useful mixture, which can be applied by means of the endoscopic tube:—

℞ Iodinii resub., . . . gr. xx.
Eucalyptol, . . . ʒij.
Potass. iodid., . . . ʒij.
Glycerin. tannat., . . ʒss.
Acid. carbol., . . . gr. xx.
Boro-glycerid., . q. s. ad ʒij.
M. Sig.: Apply.

From "Gonorrhœa and its Treatment," by G. FRANK LYDSTON, M.D.

BURNS OF THE EYE.

Dr. Dudley S. Reynolds, for a severe eye-burn of the eye, which had first been treated with the installation of vinegar, used, with satisfaction, the following lotion:—

℞ Borate of sodium, . . ʒiiss.
Chloride of sodium, . . ʒss.
Distilled water, . . . ʒxij.
Camphor-water, . . . ʒiv.
—*Therap. Gazette.*

FISSURES OF THE TONGUE.

℞ Acid. carbolic., . . . ʒss.
Tr. iodi,
Glycerini, . . . āā ʒiiss.
M. Sig: Apply topically.—*Prager med. Woch.; Doctors' Weekly.*

VOMITING.

℞ Cocaine muriate, . . gr. ij.
Aquæ calcis,
Aquæ cinnamomi, . āā ʒj.
M. Sig.: Teaspoonful every half to one hour. —*Med. Summary.*

THE
# Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
THE F. A. DAVIS CO., Publishers.
S. C. BERGER, Business Manager.

Philadelphia, Nov., 1892.

## *THE ACTION OF COCAINCANTHARIDATE.*

IN repeating the clinical experiments proposed by Professor Liebreich with cantharidine salts, Dr. Arthur Hennig, of Königsberg, has lately availed himself of a compound prepared by Riedel, of Berlin.* Cocaincantharidate is not a chemical combination, but a mechanical mixture of cantharidinate of sodium with 1 per cent. of cocaine hydrochlorate. It appears in the form of an amorphous white powder, devoid of smell, of a sharp and somewhat prickling taste, soluble with difficulty in cold water, readily soluble in boiling water, insoluble in alcohol, ether, and benzine. Cocaincantharidate has the advantage over the preparations employed by Liebreich of being absolutely painless when first injected, and, moreover, of being free, or comparatively free, from what has been termed the secondary painful period. The cantharidate salts of the alkalies give rise, a few hours after injection, to pain, which may endure for twenty four hours or more, disturb sleep, and hinder movements. A result of this kind is said to be extremely rare when the cocaine combination is employed. On this account it is decidedly preferable in the treatment of walking cases. The local, objective manifestations are more mild than those of the cantharidate of potassium. The preparation containing cocaine is said to have no prejudicial effect upon the kidneys, bowels, or animal temperature. The remedy was used by hypodermic injection, usually twice or thrice a week, and occasionally more frequently; but no absolute rule upon this point can be formulated.

Dr. Hennig, upon the basis of his experience, looks upon cocaincantharidate as a useful addition to our therapeutical resources, and predicts that it will gain an assured rank. He has found it valuable in the treatment of chronic catarrhal affections of the nose, naso pharynx, larynx, and bronchi, and of especial service in beginning tuberculosis of the nose and larynx. Local and general treatment can be conjoined with its use in appropriate cases. The author employed this substance with encouraging results in tuberculosis of the lungs, skin, bones, and lymphatic glands, and promises to give, at an early date, a detailed account of his experiments.

* Deutsche Medizinal-Zeitung, September 19, 1892.

## *A STUDY OF THE ETIOLOGY OF LEUKÆMIA.*

THE analogy between the course and manifestations of acute leukæmia and infectious diseases has suggested the thought that the former sprang, in fact, from a similar origin. As long ago as 1878 this idea was expressed by Leber, and has been repeated since that time by other observers. The study of several cases, with especial reference to this question, has led Professor Pawlowsky, of Kiev, to the belief that leukæmia is a disease of the blood, and of infectious character. His investigations, primarily communicated to the Association of Physicians of Kiev, have been republished in the Deutsche Medicinische Wochenschrift for July 14, 1892. This paper, owing to the interesting nature of the disease and the mystery in which its origin is enshrouded, as well as to the discovery which its author claims, is well worth perusal. The most striking evidence of the infectious and, indeed, contagious nature of acute leukæmia was offered in 1890 by Dr. W. P. Obrastzow. There fell under the knowledge of this writer two cases of acute leukæmia. An army surgeon, who had attended a case of this description, had examined the urine and the blood of his patient and upon one occasion had tamponed the nasal cavity, on account of hæmorrhage, was attacked by the same disease forty days after the death of his patient, and died seventeen days after the first appearance of the symptoms.

In addition to the report of clinical cases, there have appeared, from time to time, since the year 1880, publications in which the oc-

currence of micro organisms in leukæmia have been reported. Microbes have been found by Klebs, Gillardy and Osterwald, Byron Bramwell, and others, both in the blood and in the tissues. None of these bacteriological investigations, however, have been convincing, since many of the cases were of a complicated nature, and the different observations were contradictory. On the other hand, other investigators failed to find any bacilli in the blood.

Professor Pawlowsky has recently had the opportunity of examining the blood or tissues of seven cases of leukæmia, and believes that he has succeeded in demonstrating the constant presence of a characteristic and heretofore undescribed organism. He states that the bacilli are not present in great numbers; that they are considerably smaller than those of typhoid fever; that they terminate in rounded ends, and often contain one or two spores. The bacilli in the blood were, for the most part, outside the leucocytes, but some were found within the protoplasm of the white cells, and at some places colored points, microbes, and coarse granules within the corpuscles testified to the occurrence of phagocytosis.

Tissues taken from three cases of leukæmia were examined. The same bacilli were recognized in sections of the liver, spleen, lymphatic glands, intestinal canal, lungs, kidneys, brain, and spinal cord. They were especially numerous in the liver.

When subjected to culture it was discovered that the bacilli behaved very differently from previously known organisms, and must, therefore, be regarded as endowed with specific properties. Owing to their constant presence in the blood and tissues of seven cases, their mode of growth, their size, and their biological properties, Professor Pawlowsky believes that they are peculiar to leukæmia and give rise to this disease-process. He is also convinced, from his studies, that leukæmia is a disease of the blood itself, considered in the light of a tissue. He supposes that the bacilli act upon the leucocytes of the blood-elaborating organs, exciting a hyperplastic formation of those cells, which are thrown into the blood in an immature condition. From the blood the microbes are deposited in the spleen, lymphatic glands, and marrow of the bones. In these organs, and especially in the spleen, the healthy white cells resist the microbes and the phenomena of phagocytosis occur. This process is a protection of the organism against infection, and the hyperplasia of the spleen and other organs of sanguification is a reaction of the economy against the poison-laden blood. For these reasons, extirpation of the spleen in leukæmia is regarded as an unwarrantable operation, and should never be performed.

## *MALARIAL NEURITIS.*

UPON this little-studied subject Dr. Combemale, Professeur agregé at Lille, contributes an article to Le Progrès Médicale for July 16, 1892. Those who have written of neuritis have made little or no allusion to chronic malaria as a cause. Yet cases have been reported by Singer, Macnamara, Boinet and Salebert, and others, which indicate that paludism may give rise to neuritis. A well-marked instance has been described by Pitres and Vaillard, who, in the course of a leukæmia due to malarial intoxication, witnessed a neuritis involving both mental nerves, leading to painful anæsthesia and ulceration of the lower lip.

There would seem to be no difficulty in recognizing the mode of action of malaria. The hæmatozoa of Laveran, like other micro-organisms, elaborate toxic materials, and under their influence the hæmoglobin of the blood is transformed into pigments. Toxic products and pigment-emboli may produce neuritis in a similar manner as when the same result is due to intoxication by lead, alcohol, mercury, or arsenic, or to infection by tuberculosis, tetanus, rheumatism, etc. If we acknowlege malaria as a cause of disease of the central nervous system, what should prevent us from believing that the same influence may affect nervous trunks and peripheral nerves? Dr. Combemale contributes to the study of the subject the history of a case illustrating the connection of cause and effect.

A man, 42 years of age, was admitted to the hospital April 7, 1890. His father had died, at the age of 37, of a gastric ulcer, and one of his brothers, at the age of 12, of osteomyelitis. He himself was the father of nine healthy children. The patient had suffered for ten years from severe malarial intoxication,

which he contracted while serving as a soldier in Africa, in 1865. During fifteen months he was an almost constant sufferer from quotidian attacks. Subsequently the paroxysms lessened in frequency, but did not disappear. When he returned to France, in 1870, the attacks again became more frequent and more severe. In 1876 the attacks of fever ceased and have never re-appeared. In addition to the foregoing history, it is told that the man worked for three months, during 1881, in a white-lead factory, and contracted lead-colic. Since that time he had been employed in a spinning-mill, and had been obliged to be upon his feet for sixteen hours daily. In 1887, according to the patient's statement, his feet had swollen and become painful. On this account he was obliged to seek another mode of occupation.

When admitted to the hospital it was found that he had no pain when resting quietly in bed. But if he attempted to walk he felt severe pain in the lower limbs, particularly in the tibio-tarsal articulations, and also in the muscles of the thigh. Pressure upon the ankle was also painful. The skin over the ankles was slightly œdematous, rose-colored, and rather warm to the touch. The muscles of the calves, thighs, and buttocks were somewhat flabby, and certainly diminished in volume. Though the muscular force did not seem much lessened, it was difficult for the man to support himself upon either limb. Indubitable signs of sciatica were discovered upon both sides. Most of the painful points could be demonstrated. The right limb was the more decidedly implicated. The diagnosis of neuritis was confirmed by the results of an examination as to electrical reactions. Muscular contractility to the faradic current was diminished, while to the galvanic current it was scarcely decreased. Sensibility was normal upon the lower limbs, except that there seemed to be a slight hyperæsthesia on the left leg. The thoracic and abdominal viscera were normal, with the exception of a slight hypertrophy of the spleen. There was a moderate increase in the daily amount of urine passed. The quantity of urea was normal; there was a trace of albumen. The mucous membrane was somewhat anæmic, and the conjunctivæ were a little yellowish.

About five weeks after admission the man's wrists were the seat of a painful swelling, were hot, and somewhat reddened. There was itching of the skin, which caused him to scratch.

The treatment consisted of electrical applications. Twelve sittings, of ten minutes each, were given, galvanism in ascending currents being applied over the sciatic nerve, at its point of exit, and in the popliteal space, with an average intensity of 10 milliampères. The treatment was, at each sitting, terminated by faradization, for five minutes, with a moist electrode, of the atrophied muscles. Improvement was noticeable from the time of the fourth application. When the man left the hospital, although there was still some atrophy of the muscles of the buttock and thigh, he was able to remain upon his feet for some hours and go up and down stairs without pain.

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VEGETABLE ALTERATIVES.—Dr. Thomas H. Manley has a high opinion of these (Doctors' Weekly), more especially in chronic, venereal, tubercular, and malarial diseases. He says that codliver-oil and its many preparations have held their own well in pulmonary tuberculosis. But there are many phases of surgical tuberculosis and those conditions of malnutrition resulting from syphilis, in which the oil is not well borne. Here the vegetable tonics, particularly those rich in alkaline salts, are invaluable. The tincture of hops, decoction of sarsaparilla, gentian, columbo, or chamomile may be taken alone or in combination. A valuable combination of herb extracts was elaborated in the Southern States by members of the medical profession, as a substitute for mercury and the potassium iodide, during the late war of the Rebellion, when all pharmaceutical supplies were shut out by the blockade and the advancing lines of the enemy. It is known to pharmacists and practitioners as Verrhus Clemiana, and is composed of clematis erecta, prinus verticellatus, fraxinus Americana, rhus glabrum, and one-eighth of 1 per cent. of venanatic acid; all indigenous in the Southern States. He has extensively employed this compound in many cases of chronic, tubercular, glandular, and bone diseases, besides other wasting maladies, with excellent results. Indeed, in these times, pharmacy yields a large number of vegetable elixirs, so palatable and easy of assimilation that one should always give them a protracted trial in the vast majority of tubercular or syphilitic bone or joint disease, before any sort of sanguineous operations should be thought of.—*Med. Rev.*

# CORRESPONDENCE.

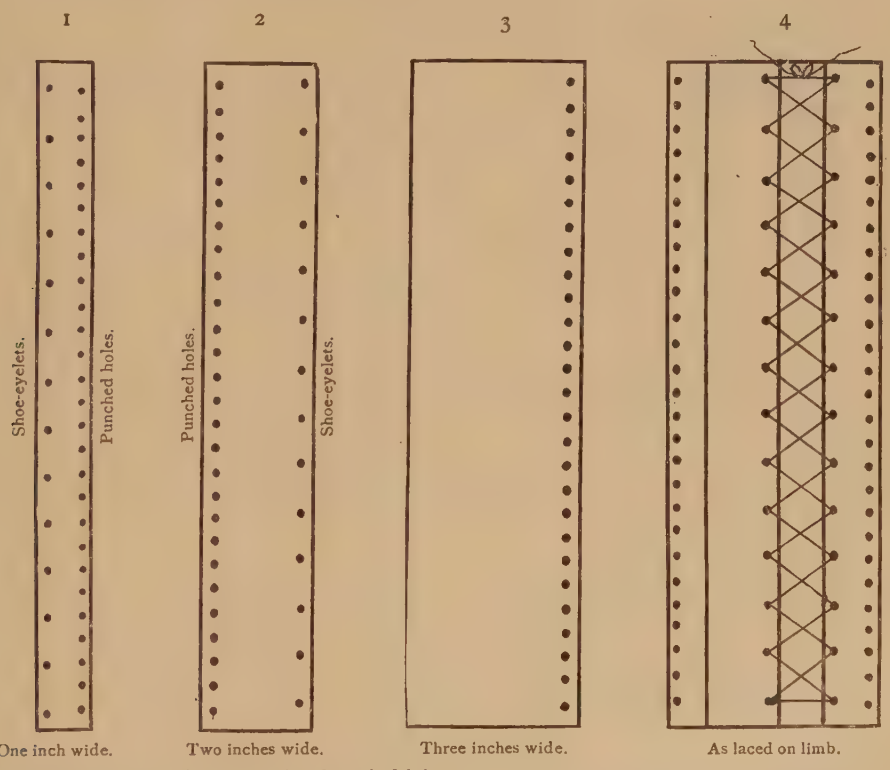
MOUNT PLEASANT, IOWA, August 10, 1892.

*For the Medical Bulletin:—*

I wish to call your attention to a laced bandage I have used very successfully for varicose veins, ulcers, and any swollen condition of limb requiring a bandage. I formerly used rubber bandages, stockings, etc. But, owing to the unsatisfactory effects I got from their use, I began to improvise a bandage of my own.

I have devised the following cheap bandage, the material of which any one can procure for twenty-five cents. I find, in some cases, rubber produces eczema and cannot be worn.

DIAGRAM FOR DAY'S BANDAGE.




I take three strips of harness-leather (which can be obtained at any harness-shop), Nos. 1, 2, and 3, in diagram. No. 1 is one inch wide; No. 2 is two inches; No. 3 is three inches. The length is governed according to the length of the limb to be bandaged, Punch holes in edge, as shown in cut. Put common shoe-eyelets on one edge of Nos. 1 and 2; put No. 1 to match holes on No. 3, and sew it to one side of your bandage (I generally use a light corset-goods for a bandage); stitch snugly through the perforated holes in edge. Then apply to limb to be bandaged, and place strip No. 2 on the other edge of your bandage and mark the same with pencil. Then remove and sew on through perforated holes No. 2, allowing about one inch to lace, as shown in No. 4. It will lace over strip No. 3. Apply so as to lace at side of leg least affected. You have a bandage in this of which you have full control. It never wrinkles, and can be removed quickly without disturbing ulcer or tender skin. The lace-edge should be shoe-eyelets, although I have used holes punched with common punch-pliers. So far as I know, this bandage is original with me. I never saw anything like it in print, and I have used it with great satisfaction in a number of cases, both to the patient and myself. In fact, of late, I have discarded the use of rubber bandages entirely.

J. N. DAY.

LONDON SPECIALISTS.—Dr. William E Briggs, writing from London to the Occidental Medical Times, is rather severe on certain of the physicians of that town who are known as specialists in various branches. For example, he says: "A number of men who have done much for ophthalmology in London have died during the past fifteen years, and among their successors there is no one conspicuous as a scientist, original investigator, teacher, or operator. In the throat hospitals one sees some good work, but of the treatment of the ear the less said the better."

# MEDICAL NEWS AND MISCELLANY.

A CONGRESS of Cuban physicians was held at Havana during October.

CIALDINI, the great Italian general who died recently, was educated as a surgeon.

DR. ARPAD G. GERSTER has resigned from the department of surgery in the N. Y. Polyclinic.

THE next Congress of Dermatology will be held in London, in 1895, when Mr. Hutchinson is to act as President.

THE women of New York, Pittsburgh, and other cities have inaugurated a crusade against the spitting nuisance.

"AH, yes," said Aunt Sally, "Jenny's a great singer. Some day she'll be a regular belladonna."—*Columbus Post.*

DR. ALBRECHT BURCKHARDT has been appointed to the newly founded Chair of Hygiene in the University of Basle.

THE German Naturalists' Society, which was to have held a meeting at Nuremberg, did not meet on account of cholera.

DR. E. LESSER, formerly Privat-Docent in Leipzig, has been created Professor of Dermatology in the University of Berne.

IT is said that an aspiring Chicago lecturer on children's diseases declares that he expects soon to be full professor of pæderasty.

NAPOLEON'S PULSE.—According to Corvisart, the normal pulse-rate of Napoleon Bonaparte was under forty beats in the minute.

DR. DUNCAN MCLEOD has been appointed a member of the Detroit Board of Health, in place of Dr. E. A. Chapoton, who has resigned.

DR. RUDOLF WANACH is now business editor of the St. Petersburger Medicinische Wochenschrift, vice Dr. Theodor von Schroeder, resigned.

THE UNIVERSITY OF BONN.—Professor Sämisch has been elected Rector of the University of Bonn, and Professor Binz Dean of the Medical Faculty.

DR. T. M. DOLAN, Halifax, Yorks, has been placed by the Lord Chancellor on the Commission of the Peace for the County Borough of Halifax.

DR. ALEXANDER OGSTON, Regius Professor of Surgery, University of Aberdeen, has been appointed Surgeon in Ordinary to the Queen in Scotland, vice Sir George H. B. Macleod, deceased.

"I DON'T understand it at all. Ever since our Lina has been taking singing lessons the doorbell is always ringing and people coming to ask if a dentist lives here."

DR. GEORG HERMAN VON MEYER, formerly Professor of Anatomy in the Univesity of Zurich, recently died in his native city of Frankfort-on-the-Main. He was 77 years old.

IT is said that Dr. Adami, Fellow of Jesus College, Cambridge, has been appointed Professor of Pathology in the University of Montreal, Canada, at a salary of £800 a year.

DR. ROLLIN L. BANTA, of Buffalo, has been appointed Professor of Materia Medica and Therapeutics in the Medical Department of Niagara University, vice Dr. A. E. Persons resigned.

DR. LOUIS A. SAYRE, of New York, has been obliged to resort to legal means to prevent a pharmacist from advertising and selling a preparation which had been termed "Dr. Sayre's remedy for dyspepsia."

DR. BERGIN, of Cornwall (Surgeon-General), and Drs. Strange and Ryerson, of Toronto (surgeons), have been elected Honorary Members of the Association of Military Surgeons of the National Guard of the United States.

SIR WALTER FOSTER enjoys the distinction of being the first member of the medical profession to have a position in the British Ministry, having accepted, under Gladstone, the post of Political Secretary to the Local Government Board.

DR. CHARLES MILTON BUCHANAN, late Professor of Chemistry and Physics to the Capitol Hill High School, has been appointed to the Chairs of Chemistry, Metallurgy and Toxicology in the National University of Washington, D.C.

DR. BRANSFORD LEWIS, editor of the Medical Fortnightly, has recently been appointed consultant in Genito-Urinary Surgery to the City Hospital, the Female Hospital, the Missouri Pacific Hospital, and St. Mary's Infirmary, in St. Louis.

THE new Russian Pharmacopœia has recently been issued. Compared with the preceding work, it contains a smaller number of articles, three hundred and eighteen having been discarded, while only one hundred new ones have been added. The total number now officially recognized is eight hundred and eight.

"DOCTOR," said little Emily, "do you know that a baby that was fed on elephant's milk gained twenty pounds in one week?"

"Nonsense!" exclaimed the doctor; and then asked: "Whose baby was it?"

"It was the elephant's baby," replied little Emily.—*Boston Joke.*

DR. LUDWIG BANDL, formerly Professor of Gynæcology at the University of Vienna, died on September 2d at the Doebling Insane Asylum. In 1887 Dr. Bandl was transferred from Vienna to Prague, but broke down at his first lecture in the latter university, and was soon thereafter removed to the asylum where he died.

DEATH FROM OBSTRUCTION BY VOMITED MILK-CURD.—Demme has reported the sudden death of a dyspeptic child, 10 months old, without recognizable cause, in which, at the autopsy, the œsophagus and entrance to the larynx were found occluded by a coagulum of cows' milk ejected from the stomach by vomiting and causing asphyxia.—*Druggists' Circular.*

ANTONIO MARÍA BARBOSA, M.D., Emeritus Professor of Surgery, Medico-Chirurgical School, Lisbon, the best known of contemporary Portuguese surgeons, and the foremost man in the medical profession in Portugal, died at Lisbon at the age of 77. He was born at Horta, a town of Fayal, one of the Azores, in 1825. He seems to have been first intended for the profession of pharmacy, and spent some years behind the counter in a druggist's shop in his native town.—*Med. Review.*

THE American Dermatological Association, at its annual meeting, held in New London, Conn., Sept. 13th, 14th, and 15th, elected the following officers: President, Dr. George H. Fox, of New York; vice-president, Dr. H. W. Stelwagon, of Philadelphia; secretary and treasurer, Dr. George T. Jackson, of New York; member-at-large of the Council, Dr. J. C. White, of Boston. The next meeting will be held in Milwaukee, on the first Tuesday of September, 1893.

A BUST of Dr. Guillotin is destined to be erected at Versailles. In the paragraph in which this is announced it is carefully explained that this memorial is not erected for the invention of the guillotine, nor because the doctor was professor of anatomy, pathology, and physiology at the Faculty of Medicine of Paris, was a *savant* of high reputation, a philosopher, a reformer, and a good man in every acceptation of the term; not on account of all these virtues, but because he moved the resolution that the *tiers etat*, when expelled from the hall of the States General, should hold their meeting in the tennis court—sic transit, etc.—*Prov. Med. Journal.*

AT St. Thomas' Hospital considerable changes have again occurred. Death has removed no fewer than three members of the consulting staff, Sir James Ridson Bennett, F.R.S., Dr. Barker, and Mr. Le Gros Clark, F.R.S. Dr. Bristow, F.R.S., having completed the additional term of office granted to him, retired in January, and the number of physicians is now again four. (There are still, however, only three assistant physicians.) Dr. J. F. Payne succeeds Dr. Bristow as Joint Lecturer on Medicine in the school. Dr. Bristow, Mr. Sidney Jones, and Mr. Croft have been placed upon the consulting staff.—*Med. Rev.*

ANOTHER MEDICAL PRINCE.—At the University of Edinburgh, the medical commencement was held during the first week in August. Among those who received the degree of bachelor of medicine was an Indian prince, Sir Baghvat Singh Jareja, the Thakore Sahib of Ghoudal. He is said to be the first native prince of Hindustan to acquire that particular degree, or any other Scotch medical diploma. His subjects propose to signalize the unusual event by erecting a statue to their ruler, in his capitol in Ghoudal, in which the newly-made medical prince will appear in the gown and hood of his degree, worn over his full native costume.

THE NORTH CAROLINA BOARD OF HEALTH.—The vacancy in this board caused by the decease of Dr. Thomas F. Wood was filled by the election of Dr. George G. Thomas, of Wilmington, one of the editors of the North Carolina Medical Journal, of which Dr. Wood had been the senior editor for many years. Dr. Richard H. Lewis, of Raleigh, was chosen to succeed the late Dr. Wood as secretary. The Bulletin of the board for August comments upon the demise of Dr. Wood as follows: "Let every citizen of the State, who can appreciate the services of one whose undying energies have for so many years been given for the honor of his State and the welfare of her people, bow the head in sorrow." The late secretary had seen the State Board grow from an infantile affair, which in 1878 had an appropriation of $100, to a grandly useful and important body.

PEMPHIGUS OF THE MUCOUS MEMBRANE OF THE PHARYNX AND LARYNX.—Mandelstamm reports the following characteristic features of this disorder: 1. On the mucous membrane of the oral and pharyngeal cavity, as on the epiglottis, appear grayish or white, strongly-marked spots, of the size of a hemp-seed, or of a pfennig. These spots may disappear in one place and appear in another. 2. There is no fever. 3. The disease is very obstinate; treatment is without effect. Heryng reports six cases (three of his own, and three of Elsenberg's), of which two occurred in females between 40 and 60 years of age. The last four cases were in males, from 14 to 40. Two cases were lost to sight, after a short time. The remainder died from general exhaustion, or disease of the lungs. All cases terminated in death, and general pemphigus appeared

in four to six months after appearance of the process in the pharynx.—*Journal of Laryngology*, etc.

In a paper on "Sewage and its Purification," read by Dr. C. A. Burghardt at the annual meeting of the Incorporated Association of Municipal and County Engineers, he explained that there were three general methods of dealing with sewage: Irrigation and sewage farming; intermittent downward filtration; and precipitation by chemicals, with or without intermittent filtration. The first method was a constant menace to the health of the people, and it had, on a whole, proved a failure. The second was impossible for large towns, in populous districts, on account of the enormous amount of land required. The precipitation process was admired because it was thought to produce beautiful, clear effluents, and because it was cheap; it was, however, exceedingly nasty. The most effective plan for the deodorization of sewage was by manganate of sodium, and this was adopted for the metropolitan sewage. Its success, however, appeared doubtful. Dr. Burghardt considered it impossible to say, dogmatically, that any system could be universally adopted, because each district varied its conditions.—"London Letter" in *American Lancet.*

Electricity as a Fertilizer.—Some interesting experiments in the application of electricity to the culture of vegetables are reported from France. It appears that a row of hemp subjected to the influence of the current produced stalks eighteen inches higher than those not electrified. A kilogramme of potatoes yielded twenty-one kilos of very large and healthy tubers, while the unelectrified plants only gave twelve and one-half kilos of medium-sized roots. Electrified tomatoes ripened eight days sooner than those which were unelectrified. These experiments support those conducted some time ago upon radishes, which were stated to have attained prodigious dimensions under the influence of a feeble current. The method adopted was, we think,—we write from memory, and cannot at the moment lay hands on the record,—to bury a zinc plate at one end of the seed-bed and a copper plate at the other, the two being connected with a copper wire. This arrangement is simplicity itself, and it might, perhaps, be worth the while of our allotment-holders or of those gardeners who grow for shows to try it. What takes place is not very clear, but it is stated that the current brings about a more active dissolution of the organic matter in the soil, and that the roots are thus better fed. Are we right in supposing that it is some sort of electrolysis of the manure which is effected?—*Pacific Record of Medicine and Surgery.*

Dr. John C. Sundberg has severed his connection with the Pacific Medical Journal. His co-editor, Dr. Winslow Anderson, will act as sole editor in the future.

Dr. John Avery, of Greenville, Michigan, has been nominated to represent his district in Congress. Dr. Avery is well known to the profession as President of the State Board of Health.

Astonishing the Natives.—Under this head the Chemist and Druggist tells a story related by the Rev. A. N. Wood, a Mamboia missionary, about a lion which caught a man and partly ate him. The natives were terror-stricken, and sought the missionary's advice through the chief's son. Mr. Wood gave him a little strychnine, and directed him how to use it. The result was that the next morning the lion was found dead. It was a very large male lion, and all the people said it was an old man-eater. The natives buried the carcass, but the hyenas came during the night and had a feast, to their sorrow, for ten of them were found dead. The natives could not understand it all; one lion and ten hyenas, with less than a teaspoonful of white-looking stuff, like salt, was past their comprehension. And Mr. Wood calls a teaspoonful of strychnine "a little."—*Med. Rev.*

At the twenty-third annual meeting of the Medical Society of Virginia, officers for the ensuing year were elected as follows: President, Dr. Herbert M. Nash, of Norfolk; vice-presidents, Dr. W. P. McGuire, of Winchester; Dr. T. J. Taylor, of Walthall's Store; and Dr. A. Z. Koiner, of Roanoke.

Effects of Bitters on Gastric Movements.—According to Dr. Paul Terray, of Budapest, bitters acting on the peripheral automatic centres of the stomach increase very distinctly the movements of this organ, rendering them more rapid and more persistent. Very careful experiments have been made by him on the stomachs of dogs. He finds gentian one of the more powerful stimulants; after it, cetrarin and condurangin; then come taraxacum, quinine, and, lastly, quassia. Absinthin diminished the irritability, and large doses arrested it altogether. Columbine and strychnine increased it till persistent general contractions were induced. In these experiments the stomachs were taken from the animals immediately after severance of the spinal cord and immersed in a slightly saline solution at blood-heat. The automatic movements, which continued for some time, were first watched, and then the effects of the several drugs were noted. It would appear from this that in the atonic conditions of the stomach, and in moderate dilatation, bitters have a very distinct therapeutic action.—*Internat. Med. Mag.*

HÆMORRHAGE FROM THE NIPPLE IN CARCINOMA OF THE BREAST.—Dr. Fritz Cahen reports a case of carcinoma of the breast, in which the first symptom noticed was a profuse discharge of blood from the nipple. The patient, a woman of 57 years, then examined the breast and found a tumor, the size of a small apple, in the upper and outer quadrant of the left breast, which could be reduced in size by pressure, that caused a flow of blood from the nipple. There was no pain. A small gland was found on the edge of the pectoralis muscle. The breast was removed and the axilla cleared. Microscopically, the tumor proved to be an intra-canalicular fibroma or cysto-adenoma, with beginning carcinomatous changes. Cahen says that he can find no similar case in the literature for the last twenty years, and considers the hæmorrhage as a result of the carcinomatous change. [But bloody discharge from the nipple is common in cystic fibroma, occurring, according to Gross, in one case out of seven. It is not uncommon in sarcoma and carcinoma, and is found also in the rare adenoma of the breast.—C.].—*Univ. Med. Mag.*

SUCCI FASTING AGAIN.—Signor Succi, who, at last accounts, had been declared insane, recently commenced a new fast at Naples. A committee was formed to watch him and observe the phenomena of circulation, respiration, weight, etc.

AN ITALIAN MEDICAL NOVELIST.—Dr. Leonzio Capparelli, who died in March last, in Naples, was a well-known physician of that city, and was also the author of several works on medicine and surgery. Five years ago he published a novel entitled "Dr. Pietra," which attracted considerable attention and met with a very favorable reception from both critics and the public. Since his death his daughter has found among his papers the manuscript of another story, called "In Illo Tempore," which she has edited and will have published in Florence. The plot is laid in the slums of Naples during the reign of the notorious Bomba, and is said to be full of interest, as well as realistic in the better sense. At the same time with this, a new edition of "Dr. Pietra," containing all the author's changes of the original, will be published.—*N. Y. Med. Record.*

YALE COLLEGE has opened its doors to students regardless of sex; its object being to admit graduates of "female colleges" and give them as good opportunities as could be found in Europe. This is the first of our great universities to make this change.

AFTER a long delay Professor Virchow has been duly elected Recorder of the University of Berlin for 1892–93.

A CASE OF THREE URETERS.—Baumm describes a case in which the third ureter opened into the vagina near the urethral orifice, and the continual dribbling of urine was a source of much annoyance to the young woman of eighteen. He performed supra-pubic cystotomy by a transverse incision; made an opening into the base of the bladder and fixed the ureter in it. The patient recovered with complete continence of urine, but later suffered from a hernia at the site of the incision, and passed a ligature from the bladder surrounded by sufficient incrustations to form a good-sized stone. In another case Baumm would advise operating from the vagina. But two other cases are known in literature—*Archiv für Gynäkologie.*

THE Electrical Review has established a department, under the management of Dr. J. Mount Bleyer, of New York, devoted to the various applications of electricity in medicine.

OWING to the increasing pressure of other work, Dr. Reichert has found it necessary to discontinue his editorial connection with the Medical and Surgical Reporter.

PROFESSOR EMORY LANPHEAR, of Kansas City, gives the following rules for trephining in injury of the skull:—

1. All cases of depressed fracture, either simple or compound, require trephining and elevation, whether there be pressure-symptoms or not.

2. All punctured fractures and gun-shot wounds imperatively indicate the use of the trephine.

3. In simple fracture of the skull where any symptoms of brain trouble persist, exploratory operation should be done.

4. In all cases of local injury to the skull, whether fracture or bruise, followed by evidence of inflammation of bone or persistent symptoms of brain irritation, or of pus between the bone and dura, the trephine should be resorted to.

5. In every case of localized injury to the head, where unconsciousness persists for more than an hour, exploratory operation, including opening the skull if necessary, should be done.

6. The appearance of stupor some hours after a head injury indicates meningeal hæmorrhage and requires trephining at the point of injury, if known, or at a point indicated by cerebral localization; the middle meningeal being the usual source of trouble.

7. Even in very extensive injury to the head, operation should be made, since removal of *débris*, restoration of normal contour and cleaning of injured tissues can add but little to the danger and may save life.

8. In every case of doubt, exploratory operation is justifiable.

9. Compound fractures, with or without apparent depression, demand enlargement of the wound and careful exploration.

THE San Francisco Therapeutical Society has elected the following officers: President, F. A. A. Belige; Vice-President, J. W. Blake; Treasurer, J. R. Davidson; Secretary, M. Neumann. The society will meet twice each month.

HONORS TO HUXLEY.—The members of the medical profession will receive with lively satisfaction the announcement of the appointment to a seat in the Privy Council of Professor Huxley. Such a recognition of the claims of medicine is the more acceptable as the opportunity of recording such an appointment is comparatively rare.

THE lecture-rooms and laboratories of the new building of the Philadelphia College of Pharmacy are now practically ready for occupancy.

THE annual course of lectures in the Chattanooga Medical College began on September 15, 1892.

THE twenty-fifth annual meeting of the Canadian Medical Association was held at Ottawa, September 21–23, under the Presidency of Dr. John Bray, of Chatham. The address on "Surgery" was delivered by Dr. Donald Maclean, of Detroit, Michigan, and that on "Medicine" by Dr. Graham, of Toronto.

Dr. J. A. LARAMEE, professor in the Medical Faculty of Laval University, died September 12, 1892.

INCOMES OF BERLIN PHYSICIANS.—The Medical Age says: In Berlin there are 1615 physicians and 132 dentists, a total of 1747. Of these there are 855 who do not have an income of 3000 marks, or $750 per annum. There are 892 who do not depend on their practice for a livelihood; 150 have much less than 3000 marks; 250 physicians have an income over 8000 marks, and 170 over 10,000 marks. The number of physicians who get rich is very small indeed, while the number in debt is extremely large.

NEW DEGREES.—We learn from the British Medical Journal that the University of Durham College of Medicine proposes to confer the degree of batchelor in hygiene, B. Hy., and doctor in hygiene, D. Hy., instead of the diploma in public health, D.P.H., or that of bachelor or doctor in science, that are conferred, in course, by the other medical colleges of Great Britain.

THE COLLEGE OF MEDICINE AT HONG KONG.—Under the skillful and energetic management of Mr. Cantlie, who will be remembered by many of our readers (Lancet) as an esteemed colleague on the medical staff of Charing Cross Hospital, the Hong Kong College of Medicine is able to show a worthy record of work done during the past year. On July 24th the prizes and diplomas gained by the alumni of the college were presented by Sir Wm. Robinson, the Governor. At the conclusion of this ceremony the Dean, Mr. Cantlie, delivered an address in which he described the course of study pursued at the Chinese College, which, he said, is exactly similar to that obtaining in the medical schools of Great Britain. The Alice Memorial Hospital, which had been placed at the disposal of the college by the London Missionary Society for the practical treatment of disease, had been found amply sufficient for the needs of the students, and, altogether, the Dean considered he had abundant ground for congratulation on the prosperity and efficient work of the institution. —*Med. Review.*

ALCOHOLISM AND DEGENERATION.—In the Commune of Fauborn, near Limbourg-sur-Lahn, in the Grand Duchy of Hesse-Nassau, there are several distilleries, and the population appears to be composed of cretins and examples of degeneration of all descriptions. The contrast is the more striking as in the neighboring villages which contain no distilleries the population is healthy.—*Le Progrès Médicale.*

THE British Medical Association honored one of its vice-presidents, Sir Walter Foster, by inviting him to a public dinner on October 26th, on the occasion of his being appointed Parliamentary Secretary to the Local Government Board.

DR. BOOM has removed to No. 1428 North Twelfth Street, Philadelphia.

THE RELATIONS OF PELVIC DISEASE TO PSYCHICAL DISTURBANCES IN WOMEN.—This was the subject of a paper read by Dr. George H. Rohé, of Catonsville, Md., at the fifth annual meeting of the American Association of Obstetricians and Gynæcologists. As a contribution to the knowledge of the subject, the following report was submitted: In a hospital containing 200 insane women, 35 were subjected to vaginal examination and 26 found with evidences of pelvic diseases. In 18 of these the uterine appendages were removed with the following results: Sixteen recovered from the operation and 2 died. Of the 16 recovered, 3 have been discharged from the hospital completely restored, both physically and mentally. In 10, considerable improvement followed the operation in both physical and mental conditions, and in 3 the operation was of too recent a date to allow any definite

expression of opinion. The mental disorder present in the 18 cases was: melancholia in 6 cases; simple mania in 1; puerperal mania in 4; hysterical mania in 1; periodic mania in 2; hystero-epilepsy with mania in 1; and epilepsy with mania in 3. The author, basing his opinion upon his experience, concludes as follows: "The facts recorded demonstrate, first, that there is a fruitful field for gynæcological work among insane women; second, that this work is as practicable and can be pursued with as much success in an insane hospital as elsewhere; and third, that the results obtained not only encourage us to continue in the work, but require us, in the name of science and humanity, to give to an insane woman the same chance of relief from disease of the ovaries and uterus that a sane woman has."

LATE DEVELOPMENT OF SYPHILIS OF THE LARYNX IN CHILDREN. — Strauss reports that in the polyclinic of B. Baginsky, which has been visited by two thousand patients during eight years, only three cases of this affection have been observed: 1. A child, 7 years old, hoarse three weeks. The laryngoscopic examination showed great infiltration of the epiglottis and the false vocal bands. The affection was very similar to tuberculous affections, but an exostosis of the tibia proved its syphilitic nature. 2. A patient, 12 years old, had cicatrices in the pharynx, swelling of the epiglottis, and ulceration of the posterior laryngeal wall, which was covered with grayish-white secretion; the vocal bands were also deformed. 3. A patient, 12 years old, had pain in the throat and some stridor. The whole larynx was swollen. The epiglottis was covered with multiple papillary excrescences, and there was a granulation tumor on the right arytenoid cartilage. Improvement occurred under antisyphilitic treatment.— *Jour. of Laryngology*, etc.

DR. SIEBENMANN, docent of otology and laryngology, has been appointed Professor Extraordinary at the University of Basle.

AT the recent National Encampment of the Grand Army of the Republic at Washington, D. C., Dr. W. C. Wile, editor of the New England Medical Monthly was elected Surgeon-General upon the staff of the National Commander.

IT is said that, in consequence of the small fees and incomes of physicians in Germany, the number of medical students has decreased during the last year or two.

A SINGULAR MODE OF MURDER.—Dr. F. Semeleder reports, in the Medical Record, the case of a man who died soon after being admitted to the Municipal Hospital of San Pablo. At the autopsy it was found that the cribriform plate of the ethmoid bone had been broken and a small portion of the base of the anterior lobes was reduced to a pulp. It was afterward discovered that the deed had been done by an iron hook, introduced with great force into the nasal cavity and turned around in various directions.

DR. J. G. CARPENTER, of Stanford, Ky., reports a number of cases of mental aberration attending hypertrophic rhinitis with subacute otitis media.

A NEW periodical, entitled Boletin de la Asociación Médico-Farmacéutica de la provincia de Valencia, has been founded, under the editorship of Señor Guillén Marco.

DR. G. HUDSON MAKUEN has removed to 1419 Walnut Street, Philadelphia.

DR. ROLANDO KUEHN, Health Officer of the Mosquito Government and Port Surgeon at Bluefields, M. R., Nicaragua, has obtained the exclusive right for ten years to manufacture and export banana-flour and dried and evaporated bananas from Mosquito.

DR. PAUL OSTERHOUT has been elected President of the Board of Health at Bluefields.

IN the Therapeutic Gazette, Dr. William E. Hughes, of Philadelphia, describes the treatment of a case of pneumonia by transfusion of blood from a convalescent case. This is, as far as known, the first instance in which the method has been applied in this country.

HÆMORRHAGES INTO THE LABYRINTH IN CONSEQUENCE OF ANÆMIA.—Dr. J. Habermann, of Prague, reports two cases of hæmorrhage into the labyrinth,—one in consequence of pernicious anæmia, the other in consequence of simple anæmia. In the first instance, the patient was a young servant-girl 21 years old. Post-mortem, among other conditions, revealed hæmorrhages into the meninges, brain, pharynx, pericardium, and small intestine, but none in the retinæ. An examination of the right auditory organ revealed neither micro- nor macro-scopic changes in the middle ear. In the cochlea, however, there was a small hæmorrhage in the upper end of the ligamentum spirale, in the region of the anterior periphery of the basal whorl, of the scala vestibuli, and a somewhat larger one in the basal whorl in the upper half of the canalis ganglionaris. Here the blood was between nerve-fibres and the ganglion cells. Extensive hæmorrhages were found in the vestibule in the semicircular canals; also between the ligaments of the utriculus, on the posterior wall, and on the outer wall, near the posterior edge of the stapes (oval window). Copious hæmorrhage also had occurred near the mouth of the aquæ-

ductus vestibuli, and in the external semicircular canal. The extravasation of the blood was supposed to be due to diapedesis. The deafness and tinnitus aurium complained of during life was referred to the hæmorrhages. The vertigo could have been due to the simultaneous lesion in the brain.

The second case of labyrinth-hæmorrhage, the result of simple anæmia, occurred in a young woman 20 years old. In this patient there ensued hæmorrhages into the stomach, the intestines, and then retina. Finally, there occurred hardness of hearing, tinnitus aurium, and, at times, vertigo. Treatment of the anæmia was followed by improvement in hearing.—*Archiv f. Ohrenheilk.*, vol. xxxii, p. 82; *Amer. Jour. Med. Sci.; Med. and Surg. Rep.*

Anatomical Conditions Found in a Case of Deaf-mutism from Scarlatina. — The Journal of Laryngology, etc., gives the following abstract from a paper by Dr. V. Uchermann, of Christiania: The subject died of tuberculosis at the age of 18. When 2½ years old he had scarlatina, which was followed by deaf-mutism. Dissection of the right ear revealed a normal condition of the meatus, membrane, and ossicles. The stapes was fixed, the membrana rotunda ossified, and the labyrinth almost untraceable from fibrous and osseous inflammatory changes. In the left ear there was much pus, the membrane was perforated, the ossicles all mobile, the membrana rotunda ossified, the labyrinth and auditory nerve apparently normal. The brain was normal, with the exception of shrinking of the left upper temporal and Broca's convolutions. The disease seems to have primarily affected the left middle ear and the right labyrinth. In most instances scarlatinal otitis arises by extension from the naso-pharynx, and the labyrinth is only secondarily involved. There are, however, cases in which deafness comes on in scarlatina without any apparent affection of the middle ear—normal or only slightly dimmed membrane, mobility of the malleus and "positive" Rinne. There may be invasion of micro-organisms into the labyrinth through blood- or lymph- channels, or through the aquæductus cochleæ from the subarachnoid space, or even by intervention of the lymphatics into the endo-lymphatic space through the subdural space and aqueduct of the vestibule. The tendency to infiltration of the Haversian canals and medullary spaces, and to the formation of new bone from periosteal hyperplasia, is well-marked in otitis, following scarlatina, measles, and cerebro-spinal meningitis. All "mycotic" infections are probably capable in the same way of leading to labyrinthine inflammation and deafness. Uchermann has found it follow varicella, rubeola, pneumonia, pertussis, and possibly acute eczema. The wasting of the hearing centres in the cerebral cortex he attributes to the atrophy of inactivity. The complete destruction of the right labyrinth in correspondence to the wasting of the left centre supports Munk's views as to the crossing of the acoustic nerve-fibres.

Dr. Jonnesco, Prosector to the Faculty of Medicine of Paris, has been sent on a scientific mission to Germany and Austria-Hungary, for the purpose of observing the methods of teaching anatomy in the principal universities of those countries.

Good Highways.—The vast railway system of this country has been of immense value in opening up all parts of the continent to settlement, commercial enterprise, and every movement and custom of civilization. The new cities of the Northwest, of the mining States, and of the Pacific coast in general, are more in touch with the best thought and activity of the day than was possible to the frontier towns of half a century ago. The latter were isolated; communication with great centres was slow and infrequent. At the present day life in Tacoma scarcely differs from life in New York, Philadelphia, or Boston. This rapid development has been in great measure due to railroads. But besides this colossal growth and improvement there is, all over the country, the local traffic, by means of which every remote hamlet and every lonely farm is brought into the necessary contact with the world. This outlying business is of decided importance in the aggregate, and is a solid source of revenue to the railroads. The goods of the general storekeeper in villages and at cross-roads must be transported by wagons from the nearest railroad station. The condition of country roads is, therefore, of importance not only to the people through whose lands they pass, but also to the railroads, to the movement of freight, and, incidentally, to the nation at large. In many parts of the country, constructed roads, in any proper sense of the word, are unknown. An exhibit is to be made at the Chicago Exposition of all the materials and appliances which enter into the work of road-making, and Mr. Albert A. Pope, of Boston, impressed with the importance of the subject, is seeking to interest the great railroads in the condition of their feeders, the country roads. He suggests the establishment of road departments, which should seek to promote right sentiments regarding the improvement of highways, and which could be effective in securing State and National legislation upon a very important subject.

Absence of Upper Part of Rectum.—Dr. Emory Lanphear, of Kansas City, describes, in his Medical Index, a successful operation for the relief of this malformation. The child was a

male, one week old, with a perfect anus and lower part of the rectum, a little more than a half-inch being normal, but ending in a blind pouch without sign of bowel beyond. There was at least one and one-half inches of the upper part of the rectum absent, and the lower end of the sigmoid flexure was rounded out to a full stop.

DISCRIMINATING AGAINST TWO-YEAR COLLEGES.—The Oregon State Board of Health has adopted a rule, reports the Journal American Medical Association, defining a medical institution in good standing to be one requiring three regular sessions of six months each, covering three years' time.

THE second Congress of Pædiatrics was held at Naples this year, about the middle of October. The subjects for discussion were "Scrofula and Tuberculosis," introduced by Professors F. Tede and F. de Bouis, and "Hereditary Syphilis in Relation to the Sanitary Regulations at Present in Force," introduced by Dr. L. Corecetti and A. Fitomanlio.

A CASE OF NUTMEG POISONING.—Dr. George Evans Reading, of Woodbury, N. J., describes, in the Therapeutic Gazette, the case of a woman who had taken, at 5 P.M., three nutmegs, in powdered form, for the purpose of producing abortion, she being three months pregnant. "She ate her supper, as usual, at 6 o'clock, and felt no further inconvenience until 8, when she vomited freely several times, and immediately afterwards passed into the condition in which I found her upon my arrival.

"This condition was one of low, muttering delirium, with occasional silly laughter, the most constant hallucination being that she had two heads. From this condition she could be aroused momentarily by shaking her or speaking to her sharply; but she immediately relapsed into the same state. There was also a sense of impending dissolution, for she besought me piteously not to allow her to die.

"Her pulse was 120, of good strength and volume; respiration somewhat accelerated. The entire aspect of the case reminded me very strongly of poisoning by cannabis Indica, as exhibited in the only two cases which have come under my observation.

"I administered 20 grains of chloral, and left two other doses of the same size, to be given at intervals of two and three hours, respectively, if needed. When I saw her, the next morning at 10 o'clock, she was decidedly improved, but was still delirious most of the time, though more easily aroused. She had only taken the one dose of chloral, as she had rested quietly most of the night from the effects of the first dose.

"I now ordered 1 grain of calomel, every hour, to allay the gastric irritation which was present, and the chloral to be given if needed.

"The following day she was entirely rational, and was only suffering from the depression consequent to her previous excited condition, together with some remaining gastro-intestinal irritation. The calomel was continued, and the following day I dismissed the case.

"The object for which the dose had been taken was not accomplished; in fact, the drug seemed to have absolutely no influence whatever upon the gravid uterus, but expended its force entirely upon the gastro-intestinal tract and the nervous system."

A PHYSICIAN who became famous as a poet and scholar, Dr. Parsons, of Boston, recently died at his summer home at Scituate. He was feeling badly, and went to an open well to draw some fresh water, when he suddenly disappeared. Later, he was found drowned, and it was ascertained that he died from an attack of apoplexy and fell into the well. He was famous for his original poems and translations and studies of Dante.

CONGENITAL ABSENCE OF BOTH PATELLÆ.—The patient was a girl, aged 9 months, in whom both the patellæ were completely absent. There was a slight genu valgus in the left leg and a tendency to varus in the left foot. The left hip- and knee-joints, particularly the latter, were so lax that the left foot would be turned outward completely around, so as to point directly backward. The right leg could not be so treated. The child was healthy in other respects, except for the presence of slight rickets.—DR. T. C. RAILTON, of Manchester, in the *British Medical Journal; Archives of Pediatrics.*

HEREDITARY TRANSMISSION OF MUTILATIONS.—Upon the subject of hereditary transmission of mutilations some interesting observations have recently been recorded by Dr. C. G. Lockwood, of New York. He says: "I selected a pair of white mice on account of their rapid breeding. I bred them in and in for ninety-six generations, as they breed every thirty days, and when they are thirty days old they are able to reproduce themselves. I destroyed all sickly and defective ones by breeding only the fittest. I bred all disease out of them, and had a pure-blooded animal, larger and finer in every way than the original pair. In breeding their tails off, I selected a pair and put them in a cage by themselves, and when they had young I took the young and clipped their tails off. When old enough to breed, I selected a pair from the young and bred them together; and when they had young I clipped their tails. I continued this breeding in and in, clipping each generation and selecting a pair of the last young each

time, in seven generations. Some of the young came without tails, until I got a perfect breed of tailless mice. I then took one with a tail and one without a tail, and bred them together, and, by changing the sex each time,—a male without a tail, a female with a tail, and next a female without a tail and a male with a tail,—I was finally rewarded with all-tail mice." So far as they go, these experiments appear to be conclusive of the hereditary transmission of mutilations, but more evidence is greatly needed upon the subject.—*Med. Press.*

CHRONIC RHEUMATISM.—Dr. John Ford Barbour, of Louisville, Ky., has adopted the following method of treatment:—

The patient takes 20 drops of the muriated tincture of iron, well diluted, before meals. This increases the hæmoglobin of the blood. One hour after meals he takes a teaspoonful of codliver-oil, with a view to increasing the blood-fat, which is equally as important as the iron of the blood. At meal-time he takes 1 ounce of lime-water in milk.

Besides this, he is told to douche the affected joints alternately with hot and cold water, which actively stimulates the circulation through the joint.

D. Barbour has used this treatment now in over fifty cases, and in every case where it has been kept up faithfully there has been very perceptible improvement, and in many, to all appearances, cure.—*Notes on New Remedies.*

## BOOK REVIEWS.

*An American Text-Book of Surgery for Practitioners and Students.* By CHARLES H. BURNETT, M.D.; PHINEAS S. CONNER, M.D.; FREDERIC S. DENNIS, M.D.; WILLIAM W. KEEN, M.D.; CHARLES B. NANCREDE, M.D.; ROSWELL PARK, M.D.; LEWIS S. PILCHER, M.D.; NICHOLAS SENN, M.D.; FRANCIS J. SHEPHERD, M.D.; LEWIS A. STIMSON, M.D.; WILLIAM THOMSON, M.D.; J. COLLINS WARREN, M.D.; and J. WILLIAM WHITE, M.D. Edited by WILLIAM W. KEEN, M.D., LL.D., and J. WILLIAM WHITE, M.D., Ph.D. Profusely illustrated. Philadelphia: W. B. Saunders, 913 Walnut Street, 1892. Price, $7.00, net, cloth; $8.00, sheep; $9.00, half-Russia.

In this work all the advances of recent years in the field of surgery are recorded, and the science and art of this branch of our profession are presented to the reader as taught and practiced in this country. The book contains nearly 1200 pages, and is divided into four parts, the first of which treats of general surgery, the second of special surgery, the third of regional surgery, and the fourth of operative surgery. Chapter I is devoted to surgical bacteriology. The organisms are described and pictured, and the methods of mounting and staining them are given. In Chapters II and III, on Inflammation and Repair of Wounds, we find the most recent additions to the knowledge of those processes. Succeeding chapters treat of the traumatic fevers, suppuration and abscess, ulceration and fistula, gangrene, etc. The chapters on syphilis embody the results of the latest investigations in this field. The section upon tumors is illustrated by a number of excellent engravings, showing the macroscopic appearance of the growths. The important subjects of fractures and dislocations are treated at length, and there is an excellent chapter on orthopædic surgery. In Part II the many improvements in diagnosis and the many new operations which aseptic surgery has rendered possible are clearly described, and this is, perhaps, the most valuable portion of the work, inasmuch as the vast literature of the subject has been wrought into a systematic form. The surgical anatomy and methods of procedure are clearly described in Part IV.

The beauty and clearness of the illustrations add materially to the value of the work to the student. Many are most beautifully colored. As a whole, it may be said that the American Text-Book should be on the shelf of every one who undertakes to practice surgery.

*Medical Matters Mentioned in Jest.* By SELAH. One hundred illustrations. Chicago: Era Publishing Company, 1892.

As indicated by its title, this little book of 59 pages is made up of jocose anecdotes concerning, directly or indirectly, the medical man.

*Alaskana; or Alaska in Descriptive and Legendary Poems.* By PROFESSOR BUSHROD W. JAMES, A.M., M.D., Member of the Society of Natural History and Ethnology, Sitka, Alaska, etc. Philadelphia: Porter & Coates, 1892.

Americans travel to Europe for historical and family associations, for health, and for commercial purposes. As far as the beauty or majesty of Nature is concerned, we need never leave our own country. One of the most interesting and healthful summer trips is up the Pacific coast to Alaska. The new State of Washington and its wonderful development, the beautiful Puget Sound, the majesty of Mount Rainier are fitting introductories to the new-old and strange land, which runs up into Arctic regions and reaches out toward the continent of Asia. Inspired by his pleasing recollections of such a journey, Dr. James has given to the world a volume of verse, in which appropriate and melodious words are

joined in the measured cadence of Kalevala and Hiawatha. In a very interesting style the author describes the discovery of Alaska by Bering, the physical characteristics of the country, its flora and fauna, the natives and their modes of life from the cradle to the grave, their superstitious terrors, their subjection to the Shamans, or Medicine Men, their feasts and legends, the education, mode of life, and power of the Shamans, etc.

Dr. James has succeeded very well in his management of the verse. His book should interest those who have traveled to that far-away land and beheld the scenes which he portrays. It should likewise prompt those who have never beheld Alaska to follow in the author's footsteps.

The publishers have issued the work in an admirable dress. The illustrations are very beautiful.

*Contributions of Physicians to English and American Literature.* By ROBERT C. KENNER, A.M., M.D. Detroit: George S. Davis, 1892.

This little book, belonging to the Physicians' Leisure Library Series, treats of an interesting subject. Physicians are busy men, and their profession attracts them rather to science than *belles-lettres*; yet many love, in their scanty leisure, to recreate themselves with literature, and some have proved their power of adding to its treasures. Dr. Kenner has collected extracts from the writings of John Locke, Sir Thomas Browne, Dr. Arbuthnot, Dr. Akenside, Tobias Smollett, Oliver Goldsmith, Dr. Darwin, Crabbe, Keats, Oliver Wendell Holmes, and others of less celebrity.

*On an Epidemic Skin Disease Resembling Eczema and Pityriasis Rubra in Some Respects, which occurred chiefly in the Western District of London, during the summer and autumn of 1891.* A paper originally read before the Medical Society of London, November 30, 1891, and reprinted from the British Journal of Dermatology of February and March, 1892, with corrections, additions, and numerous illustrations. By THOMAS D. SAVILL, M.D., London; D. P. H., Cambridge; Medical Superintendent of the Paddington Infirmary, etc. London: H. K. Lewis, 136 Gower Street, W. C., 1892.

In this monograph Dr. Savill describes an epidemic which he observed and studied in the wards of the Paddington Infirmary. Whether the affection should be regarded as *sui generis* or an unusual modification of eczema is still doubtful. The author closely observed the clinical manifestations, and has presented us with excellent illustrations of the lesions.

*An Abstract of the Symptoms, with the Latest Dietetic and Medicinal Treatment of Various Diseased Conditions. The Food Products. Digestion and Assimilation. The New and Valuable Preparations Manufactured by Reed & Carnrick.* New York: Reed & Carnrick, 447 and 449 Greenwich Street, 1891.

The subject of indigestion and its rational treatment is of such importance that physicians owe it to themselves and their patients to become acquainted with every method brought forward. The publishers are well known for the preparation of various products useful in assisting enfeebled digestion and promoting nutrition. The object of this publication is to offer suggestions regarding the application of kumysgen and pancrobilin.

*Four Destinies.* By THEOPHILE GAUTIER. Translated by LUCY ARRINGTON. Illustrated. New York: Worthington Company, 1892.

Those who take pleasure in stories of mysterious conspiracies and the work of secret societies will be interested in this well-written and well-translated story. The tale concerns a plot for the rescue of Napoleon from Saint Helena, which is frustrated by the death of the illustrious captive, and an effort on the part of Indian natives to throw off the yoke of Great Britain,—an attempt which also comes to nought. During these main incidents the four destinies involved become strangely crossed.

*Gonorrhœa and its Treatment.* By G. FRANK LYDSTON, M.D., Professor of the Surgical Diseases of the Genito-Urinary System and Syphilology in the Chicago College of Physicians and Surgeons, etc.

In his attractive and forcible style, Dr. Lydston expounds his views concerning the nature of gonorrhœa and urethritis, the sequelæ or results, and the methods of treatment. The author is an independent thinker, and this *brochure* contains much original matter of value to the practitioner.

*Tenth Annual Report of the Provincial Board of Health of Ontario, being for the Year 1891.* Printed by order of the Legislative Assembly. Toronto: Printed by Warwick & Sons, 68 and 70 Front Street, West, 1892.

This excellent publication contains the report of the Delegate to the International Congress of Hygiene and Demography, and papers relating to water-supply, milk-supply, sewerage, and the infectious diseases in animals and in human beings.

## CURRENT MEDICAL LITERATURE

Salophen in Acute Rheumatism. By William H. Flint, M.D., Attending Physician at the Presbyterian Hospital.

Health in Michigan, July, August, and September, 1892. Reports to the State Board of Health.

Abstract of the Minutes of the State Board of Health of the State of Illinois, held in the City of Chicago, July 27, 1892.

Pelvic Inflammation in Women: A Pathological Study. By William Warren Potter, M.D., Buffalo, N. Y.

Asepsis and Antisepsis as Applied in the Lying-in Chamber. By William Warren Potter, M.D., Buffalo, N. Y.

Abstract of Proceedings of the Michigan State Board of Health.

State Board of Health Bulletin, Nashville, Tenn., July 20, 1892. Vol. vii, No. 12.

Fifty-second Annual Announcement of the Missouri Medical College, Session 1892–93, and Catalogue of Session 1891–92.

University of Michigan. Department of Medicine and Surgery. Annual Announcement, 1892–93.

Ninth Annual Announcement of the Mental and Dental Departments of the National University, 1892–93, Washington, D. C.

Ninth Report of the Committee on Lunacy of the Board of Public Charities of the Commonwealth of Pennsylvania, September 30, 1891.

Operation for Removal of the Gasserian Ganglion. By Emory Lanphear, M.D., Ph.D., Kansas City, Mo.

When Shall We Trephine in Fractures of the Skull? By Emory Lanphear, M.D., Ph.D., Kansas City, Mo. Read before the Jackson County Medical Society.

Excision of Tubercular Knee-Joint. A Case of Incipient Hip-Joint Disease. By H. Augustus Wilson, M.D., Philadelphia, Pa, Clinical Professor of Orthopædic Surgery, Jefferson Medical College.

Early Symptoms of Hip Disease and Ætiology of Hip Disease. Treatment of Abscess in Hip Disease. By H. Augustus Wilson, M.D. Delivered at the Jefferson Medical College Hospital.

Athetosis Bilateralis. Norbury.

Abstract of Sanitary Reports, Washington, D.C. Vol. vii, Nos. 38, 39, 40, 41.

Practical Cerebral Localization. Norbury.

A Case of Abscess of the Temporo-Sphenoidal Lobe, and of the Middle Lobe of the Cerebellum. By Frank P. Norbury, M.D.

A Case of Osteo Arthritic Tuberculosis. By Charles H. Merz, A.M., M.D.

Annual Lectures Delivered Before the Alumni Association of the College of Physicians and Surgeons of Baltimore, April 11 and 12, 1892. By Dr. W. E. B. Davis.

Chloralamid: The Treatment of Insomnia. By Joseph Collins, M.D., New York.

The Effect of Diseases of the Ear Upon the General Condition. By William Cheatham, M.D.

Prospectus of the St. Louis College of Pharmacy. Twenty-seventh Annual Session, from October 10, 1892, to April 10, 1893.

A Review of Ideality of Medical Science. A Detailed Plan of Reformation of the Practice and Study of Medicine. By Maurice J. Burstein, A.M., M.D., New York.

Aristol: Antiseptic Cicatrisant and Substitute for Iodoform.

Clinical Lecture Delivered at the Second Annual Meeting of the Association of Military Surgeons of the United States. By N. Senn, M.D., Ph.D., Chicago, Ill.

Tuberculin and the Living Cell. An Inquiry as to How the One Aids the Other in the Fight Against Tuberculosis. By Charles Denison, A.M., M D.

The Monthly Bulletin. Designed to Inculcate the Principles of Hygiene and Present a Record of the Public Health, Mortality, and Meteorology in Rhode Island. Vol. iv, Nos. 7–9.

The Treatment of Chronic Disease of the Uterine Adnexa. By Robert Bell, M.D.

Ein Beitrag zur Behandlung der Entzündungen der Prostata. Von Dr. P. Scharff-Stettin.

L'Ittiolo Nella Cura di Alcune Dermatosi pel Dott. Cav. Giacomo di Lorenzo.

Bakteriologische Untersuchungen die antiseptischen Eigenschaften des Ichthyols betreffend. Vortrag gehalten am 24. März, 1892. Von Dr. Latteux, Paris.

The Paralyses in Children which Occur During and After Infectious Diseases. By M. Imogene Bassette, M.D.

Cœliotomy *versus* Laparotomy, as a Surgical Term. By Robert P. Harris, A.M., M.D., Philadelphia.

Report of an Operation for Removal of the Gasserian Ganglion. By Emory Lanphear, M.D., Ph.D., Kansas City, Mo.

Three Cases of Cranial Surgery: I. Linear Craniotomy for Defective Mental Development; Report of a Case Thirteen Months After Operation; Decided Mental Improvement. II. Exploratory Trephining for Epilepsy; Negative Results. III. Trephining for Abscess of the Brain; Evacuation of One Ounce of Pus; Recovery. By William H. Morrison, M.D.

Bald Heads. By Albert E. Carrier, M.D., Detroit, Michigan.

Seventh Annual Report of the Trustees and Board of Managers of the Medico-Chirurgical Hospital of Philadelphia, Cherry Street, East of Eighteenth Street. 1892.

The Influence of the Nervous System on Certain Disturbances of the Skin. By A. Ravogli, M.D., Cincinnati, O.

The Sensory-Motor Functions of the Brain. By L. Harrison Mettler, A.M., M.D., Chicago, Ill.

A Plea for the Medical Expert. By L. Harrison Mettler, A.M., M.D, Chicago, Ill.

Some Remarks on Pneumonia and the Cause of Heart-Failure, with Report of a Case. By L. Harrison Mettler, A.M.. M.D., Chicago, Ill.

When Shall we Trephine in Fractures of the Skull? By Emory Lanphear, M.D., Ph.D., Kansas City, Mo.

The Therapeutical Effect of Antikamnia. By Hugo Engel, A.M., M.D.

Mucous Disease, with a Report of Two Cases and a Post-mortem. By W. C. Hollopeter, M.D.

The Medical Colleges and the Hospital Fee.

Bulletin. The Association of American Medical Colleges, 1892.

State Board of Health: The Treatment of the Apparently Drowned or Suffocated.

State Board of Health on the Prevention of Blindness. Addressed to Physicians, Nurses, and Midwives.

State Board of Health: Sanitary Protective Associations.

Medical Department of the University of Wooster, Cleveland, O. Announcement for 1893.

Speech of Gen. Newton Martin Curtis, of New York, in the House of Representatives, Washington, D. C., Thursday, June 9, 1892.

Cystinuria. By Walter G. Smith, M.D., Physician to Sir Patrick Dun's Hospital; Professor of Materia Medica, School of Physic, Trinity College, Dublin.

The Treatment of Erysipelas. A Personal Experience in Fifty Cases. By Charles W. Allen, M.D., Surgeon to Charity Hospital, New York.

The Thirty-second Annual Report of the Trustees of the Cooper Union for the Advancement of Science and Art, May 29, 1891.

A Plea for Public Baths, together with an Inexpensive Method for their Hygienic Utilization. By Simon Baruch, M.D., Physician to the New York Juvenile Asylum, Manhattan General Hospital, and Montefiore Home for Chronic Invalids.

Amputations in the Light of Prothetical Science. By Charles Truax.

Electricity in Carcinoma. By Robert Newman, M.D., New York.

Laparotomy, with Remarks. By McIntyre.

Deaths from Chloroform and Ether Since the Hyderabad Commission. With Conclusions. By Laurence Turnbull, M.D., Ph.D., Philadelphia.

Reports. Friends' Asylum for the Insane, 1891.

Report of Twenty-four Abdominal Operations in the Philadelphia Hospital. By E. E. Montgomery, M.D.

Report of the Commissioner of Pensions to the Secretary of the Interior for the Year Ended June 30, 1891.

The Post-partum Douche. By Edwin Pynchon, M.D. Read before the Chicago Medical Society, September 7, 1891.

The Central University of Kentucky, Medical Department. Session of 1892, with List of Graduates for 1891. Hospital College of Medicine, Louisville, Kentucky.

Report of One Hundred and Sixty-three Cases Treated with the Pneumatic Cabinet. By Albert Abrams, M.D., San Francisco, Cal.

A Plea for the Extra-peritoneal Treatment of the Stump in Abdominal Hysterectomy for Fibroids. By A. Lapthorn Smith, B.A., M.D., M.R.C.S.E., F.O.S.L., Lecturer on Gynæcology in Bishop's College, Surgeon to the Woman's Hospital, Gynæcologist to the Montreal Dispensary.

The Statistics and Lessons of Fifteen Hundred Cases of Refraction. By George M. Gould, M.D., Ophthalmologist to the Philadelphia Hospital, Philadelphia, Pa.

A Clinical Report of Operative Surgery in the Service of Dr. William T. Bull at the New York Hospital During October and November, 1889, and from February to June, 1890 By William B. Coley, M.D., late House-Surgeon.

Woolen or Linen? A Review of Certain Articles (Editorial and Contributory) in the Irish Textile Journal. By R. C. Rutherford, New York.

Addresses, Papers, and Discussions in the Section of Otology and Laryngology at the Forty-second Annual Meeting of the American Medical Association, at Washington, D. C., May 5–8, 1891.

Thirteenth Annual Report of the Board of Directors of the Eighth Ward Association of the Philadelphia Society for Organizing Charity, November, 1891.

Trap-Siphonage and Trap-Seal Protection. By Prof J. E. Denton.

Addresses, Papers, and Discussions in the Section of Oral and Dental Surgery at the Forty-second Annual Meeting of the American Medical Association, at Washington, D. C., May 5–8, 1891.

Thirteenth Annual Report of the Sunday Breakfast Association of Philadelphia. November 3, 1891. Organized November 6, 1878; incorporated February 23, 1884.

## COMMERCIAL NEWS.

### The Need of the Times.

PLATT'S CHLORIDES.

Advice from the press and edicts from health authorities just now are to the effect that disinfectants are to be freely used in the home, in public institutions, on board of vessels, and in highways and hedges. . . . It is right in this condition of things that Platt's Chlorides commends itself to the people at large. Appreciated to a large extent in ordinary times, this excellent and effective disinfectant is at this critical time of double value. The usefulness of this preparation has been tested for more than twelve years, and is highly indorsed by physicians, housekeepers, and others, who concede its superiority by actual use.

Platt's Chlorides is an odorless liquid, does not stain any substance it comes in contact with, and does all that is claimed for it. In the sick-room and for the sanitary demands of the household, it is most effective. We are moved to notice this useful disinfectant by a sense of duty to the community, and to advise them of its worth while passing through the ordeal of a threatened epidemic.—*N. Y. Court Record.*

### The Medicinal Value of a Tried American Remedy.

Among the few modern synthetic chemicals, which may justly be termed true derivatives of the coal-tar series, Antikamnia is intensifying its hold upon the confidence of the profession; so that now, as the statistics will show, it is prescribed in excess of any of the preparations of this class.

That this faith is justified in practice is evidenced by its unfailing remedial properties in rheumatism, sciatica, neuralgia, the pyrexia superinduced by sun-stroke, hemicrania, and *la grippe* (influenza and dengue); also all neuroses due to irregularities of menstruation. In Antikamnia these properties are more speedily, more safely, and more efficiently manifested than in any of the others.

Antikamnia is a true derivative from organic substances, and its wide-spread adoption by the profession has made it the basis of a market for the imitators.

After all "imitation is the sincerest flattery."

### "Direction-Slips."

Messrs. Fairchild Bros. & Foster, New York City, announce that they will furnish "direction slips," made up into small pads, free to physicians. They will be of undoubted value when prescribing punches, jellies, peptonized beef, peptonized gruel, junket, etc., as their use will enable the doctor to leave explicit directions, plainly printed, regarding the food he may desire to order. Their announcement concerning the above appears on the second cover-page of this issue.

### Chronic Prostatitis, Irritability of Bladder and Urethra, with Incontinence of Urine.

I tested Sanmetto in a case of chronic prostatitis and great irritability of bladder and urethra, with incontinence of urine; and continued its use until two and one-half bottles were taken, when the patient reported at my office entirely cured. Two months have elapsed and no return of the malady. The case may be of interest in view of the fact that the patient referred to was treated unsuccessfully for a period of six weeks in one of the leading hospitals of this city for the same trouble before reporting to me. I regard Sanmetto as *par excellence* in all diseases of the genito-urinary organs. I prescribe it every day, and patients are all benefited thereby.

J. F. Graham, M.D.

Washington, D. C.

### For Renal Hæmorrhage.

The following is extremely useful:—

℞ Ext. ergotæ fl., . . . 2 oz.
Kennedy's Pinus Canadensis (dark), . . . 2 oz.
M. Sig.: One drachm every hour or two.

Andrew Boyd, M.D., Vice-President of the Tri-State Medical Association, Scottsboro, Ala., says: "It gives me great pleasure to say that for two years I have prescribed S. H. Kennedy's Extract of Pinus Canadensis, both alone and in combination, in many acute and subacute inflammations of the mucous membrane. As a disinfectant and astringent I do not know its superior. It forms the base of my prescriptions for phlyctenular pharyngitis used as a spray. Have used it undiluted in ulcerated sore-throat and ulcers of rectum. I use it daily, almost, in common sore throat, diluted with aqua carbolic. It has given me good results, and I am very glad you have given us a preparation we can rely upon."

### Antipyrin.

Dr. E. G. West, of No. 630 Warren Street, Boston, Mass., says that he has yet to find an agent so reliable, in epistaxis or nose-bleed, as Antipyrin. It is his custom, when a case of unusual violence occurs, to saturate a pledget of cotton in a solution of antipyrin, or in the dry powder, and introduce it into the nostril.

(Continued on page 18 of advertisements.)